

# CASH Maine Scan and Go VITA Questionnaire

Tax filer's name: \_\_\_\_\_

## A. Dependents

1. Are claiming a dependent who didn't live with you for more than half of the year?  
 Yes (**Form 8332 required**)       No

## B. Scholarship Income and/or Education Expenses

2. Did you receive more in scholarship(s) and/or grant(s) than you were charged for tuition (see 1098-T)?  
 Yes       No
3. If yes, did you have additional expenses for books, required course materials, equipment, or other qualified items?  
 Yes (**documentation required**) Total: \$ \_\_\_\_\_       No
4. Have you claimed the Hope Scholarship Credit or American Opportunity Credit on four prior tax returns?  
 Yes       No
5. Were you at least a half-time student last year?  
 Yes       No
6. Did you complete the first four years of post-secondary education before the end of the year?  
 Yes       No
7. Were you convicted, before the end of the year, of a felony for possession or distribution of a controlled substance?  
 Yes       No

## C. State Refund

1. Did you itemize on your return last year?  
 Yes       No
2. If yes, which type of tax was deducted?  
 Income tax (**Form 1099-G required**)       Sales tax
3. Is your address different from last year's tax return?  
 Yes       No
4. Did you pay rent for 2019?  
 Yes, Rent amount: \$ \_\_\_\_\_, Landlords name: \_\_\_\_\_, Landlord's phone number \_\_\_\_\_  
 No
5. Did you pay property tax on a home that you lived in?  
 Yes, address of residence if different from mailing address \_\_\_\_\_       No
6. Were you a resident of Maine for all of 2019?  
 Yes       No, what town & state were you a resident of? \_\_\_\_\_ date moved \_\_\_\_\_
7. Are you paying off student loans for an Associates or Bachelor's or Graduate degree earned in Maine after 2007, or not from Maine after 2015?  
 Yes, are you a resident of Maine and working at least part time? \_\_\_\_\_       No
8. Have you claimed the Educational Opportunity Tax Credit in the past?  
 Yes       No

## D. Charitable Contributions (Advanced certification)

1. Are you applying any contributions toward a state credit (credit for contributions to a qualifying charitable organization, public school, or tuition organization)?  
 Yes (**documentation required**)       No

### E. Self-employment Income (1099-MISC or cash/check) (Advanced certification)

1. What type of work did you do to earn this income? \_\_\_\_\_
2. Do your expenses include mileage?  
 Yes  No
3. If yes, please complete the following:
  - Year, make, and model of vehicle: \_\_\_\_\_
  - When did you begin using this vehicle for business purposes? \_\_\_\_\_
  - How many miles did you drive for the following:
    - Business (not including home to work, work to home) \_\_\_\_\_ miles
    - Commuting (home to work, work to home) \_\_\_\_\_ miles
    - Other \_\_\_\_\_ miles
  - Do you have written proof of your business mileage?  
 Yes  No

### F. Retirement Income

1. Do you have retirement income from an annuity?  
 Yes  No
2. If yes, please complete the following:
  - When did you receive the first payment from your annuity (MM/DD/YY)? \_\_\_\_\_
  - How many months were paid in 2019? \_\_\_\_\_

### G. Medical Expenses (Advanced certification)

1. What types of expenses did you have in 2019, and what are the total amounts for each?

COBRA premiums \$ _____	Hospital care \$ _____
Doctor/dentist visits \$ _____	Medical aids (hearing aids, crutches, etc. \$ _____
Prescriptions \$ _____	Medical miles driven \$ _____
X-rays, lab work, etc. \$ _____	Long-Term Care Insurance \$ _____
Nursing help \$ _____	Other medical expenses \$ _____

### H. Child or Dependent Care Expenses (such as childcare)

1. Please provide the following information:
  - Childcare provider's EIN, SSN, or ITIN  Childcare provider's address
  - Total childcare expenses per child/dependent
2. Is your child enrolled in a child care center or home with a Quality Certificate?  
 Yes, 3 digit number on a Quality Certificate \_\_\_\_\_

### I. Health Savings Account (HSA) (HSA Certification)

1. What type of HSA do you have?  
 Self-only  Family
2. If you made contributions to your HSA, were they pre-tax?  
 Yes  No  
 Unsure  I did not make any contributions
3. How many months during the year were you eligible for your HSA \_\_\_\_\_ months
4. If you took distributions from your HSA, were they for qualified medical expenses only? Note: qualified medical expenses do not include over-the-counter medications without a prescription, gym memberships, supplements, etc.  
 Yes  No