**Volunteer Income Tax Assistance Program**

**State of Michigan And City of Flint Intake Sheet**

What school district do you live in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you live in Michigan for the entire year? \_\_\_\_\_ Yes \_\_\_\_\_ No (when moved? \_\_\_\_\_\_\_\_\_\_\_\_)

Is anyone in your household deaf, blind, or totally and permanently disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you purchase any major items from catalogs or over the internet? \_\_\_\_\_ Yes \_\_\_\_\_ No

 If Yes, did you pay MI sales tax? \_\_\_\_Yes (done) \_\_\_\_\_No How much did you purchase? \_\_\_\_\_\_\_

Do you own your home or do you pay rent? \_\_\_\_\_ Own \_\_\_\_\_ Rent

Own: Must have your 2023 property tax statements. If not, taxpayer must come back with them.

Rent: How much rent do you pay per month? \_\_\_\_\_\_\_\_\_ Number of months \_\_\_\_\_\_\_

What is the name of your landlord (or apartment complex)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your landlord’s address (street, city, state, zip)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If moved during the year:

How much rent did you pay per month at previous address?\_\_\_\_\_\_\_\_Number of months \_\_\_\_\_\_\_

What is the address of your previous home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the name of your previous landlord?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your previous landlord’s address (street, city, state, zip)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Last year, did you receive:

Child Support \_\_\_\_\_ Yes \_\_\_\_\_ No If so, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workers’ compensation \_\_\_\_\_ Yes \_\_\_\_\_ No If so, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterans’ disability \_\_\_\_\_ Yes \_\_\_\_\_ No If so, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DHS/FIP cash assistance \_\_\_\_\_ Yes \_\_\_\_\_ No If so, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(does not include food stamps)

Do you have your January or February Consumers bill? \_\_\_ Yes \_\_\_ No (If No, OK, do not send home!)

Is your heat included in your rent payment or in someone else’s name? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is your race/ethnicity/nationality? (circle one) White/Caucasian African American/Black Arab

 Asian Indian Asian Pacific Latino/Hispanic Native American Multi Ethnic No Answer

How did the client file last year? (circle one) VITA-FPL VITA-UMF VITA-Other

 Paid Preparer Self-Prepared Friend Did not file Other

Do you live in the City of Flint? \_\_\_ Yes \_\_\_ No (If Yes, must do a City Resident return)

Do you work in the City of Flint? \_\_\_ Yes \_\_\_ No (If Yes, must do a City return)