

**ADDITIONAL FEDERAL AND STATE INFORMATION**  
**UWHC VOLUNTEER INCOME TAX ASSISTANCE (VITA) 2025**

**1. Prior-Year Filing**

Did UWHC complete your tax return last year? ☐ Yes ☐ No

**2. State Residence**

What was is your primary State of Residence in 2025 (6+ months)?

☐ New Jersey ☐ Pennsylvania ☐ Other: \_\_\_\_\_

Did you live in the State checked above all 12 months in 2025? ☐ Yes ☐ No

If NO, please provide the date you moved in or out:

☐ Moved into \_\_\_\_\_ (MM/DD/YY) ☐ Moved out of \_\_\_\_\_ (MM/DD/YY)

**3. Employment**

Did you physically work in Pennsylvania at any time in 2025? ☐ Yes ☐ No

If yes, what is your employer's work address? \_\_\_\_\_

**4. Housing and Property (NJ Residents Only)**

Do you RENT or OWN your NJ residence in 2025?

☐ Rent ☐ Own ☐ Neither Monthly rent: \$ \_\_\_\_\_

Rented all 12 months in 2025? ☐ Yes ☐ No (If not, how many months? \_\_\_\_\_)

Did you receive the ANCHOR rebate?

☐ Yes ☐ No If yes, how much per payment? 1) \_\_\_\_\_ 2) \_\_\_\_\_

Are you in the Property Tax Reimbursement (Senior Freeze/Blue Book) Program?

☐ Yes ☐ No If yes, what is your base property tax amount? \$ \_\_\_\_\_

Municipality and County where you live: \_\_\_\_\_

**5. Health & Disability**

Did everyone on your return have health insurance for all of 2025? ☐ Yes ☐ No

If NO, who did not have insurance and when did they HAVE insurance?

Name 1: \_\_\_\_\_ List months with insurance: \_\_\_\_\_

Name 2: \_\_\_\_\_ List months with insurance: \_\_\_\_\_

Name 3: \_\_\_\_\_ List months with insurance: \_\_\_\_\_

Name 4: \_\_\_\_\_ List months with insurance: \_\_\_\_\_

Are you or your spouse considered DISABLED by the State of NJ?

☐ Yes ☐ No ☐ Unsure

If yes, who is disabled? \_\_\_\_\_

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**6. Medical Expenses (Paid Out-of-Pocket)**

<u>Medical Expense</u>	<u>Total for 2025</u>
Medical Insurance Premiums (not Medicare)	_____
Supplemental Medicare Premiums	_____
Dental Insurance Premiums	_____
Vision Insurance Premiums	_____
Doctor/Dentist/Vision/Hospital Co-Pays	_____
Prescriptions	_____
Total Medical Miles	_____

**7. Charitable Contributions**

Did you make any charitable contributions in 2025?

☐ Yes ☐ No    Cash/Check Amount: \$ \_\_\_\_\_    In-kind/Items: \$ \_\_\_\_\_

**8. NEW Car Loan Interest**

Did you purchase a NEW (not used) car in 2025?    ☐ Yes ☐ No

Date of Purchase \_\_\_\_\_    Car Loan Interest paid in 2025 \_\_\_\_\_

VIN # \_\_\_\_\_    (bring the car registration or insurance card)

**9. Overtime Pay**

Were you paid Overtime in 2025?    ☐ Yes ☐ No

Total 2025 Overtime Pay: \_\_\_\_\_    Overtime Rate: ☐ 1.5X    ☐ 2X    ☐ Other

Bring employer statement and/or final paystub to verify overtime pay / pay rate

**10. Estimated Tax Payments**

Did you pay estimated quarterly taxes for 2025 return?

☐ Yes ☐ No    If yes, how much did you pay?    IRS: \$ \_\_\_\_\_    State:

\$ \_\_\_\_\_

**11. Direct Deposit (Refunds)**

The IRS will now hold your refund for 6+ weeks if you do not provide Direct Deposit info

Bring a check or use your banking App during the appointment to ensure accuracy

- Bank Name: \_\_\_\_\_
- Type of Account (circle): CHECKING / SAVINGS
- Routing Number: \_\_\_\_\_    Account Number: \_\_\_\_\_

**QUESTIONS?**     [taxes@uwhunterdon.org](mailto:taxes@uwhunterdon.org)     **(908) 237-1689**