

2007 - QUESTIONS SPECIFIC FOR IOWA

1. School District Number: _____ School District Name: _____
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2. Is your Filing Status Married Filing Separate (MFS)? **YES / NO** If **YES**, Amount of Spouse's Income in 2007 _____
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3. Did you / your spouse pay any out of pocket Health Insurance Premiums, Dental Insurance Premiums, Medicare B, Medigap, Medicare D voluntary prescription drug insurance, or Long Term Nursing Home coverage? (Pretax, payroll deduction payments do not count) **YES / NO** If **YES**, Amount Paid in 2007 _____
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4. Did you / your spouse participate in the College Savings Iowa 529 Plan in 2007? **YES / NO**
If **YES**, Amount contributed by you _____ Beneficiary's Name _____
Amount contributed by your spouse _____ Beneficiary's Name _____
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5. Did you pay a School District surtax and or an EMS surtax on your 2006 Iowa Return, line 56? **YES / NO** If **YES**, Amount Paid _____
(If itemizing, this is deductible on IA Sch A line 4a this year)
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6. Did you receive a 2006 Federal Refund? **YES / NO** If **YES**, Amount Received _____
If **NO**, Amount Due _____ Did you pay the balance due? **YES / NO** If **YES**, How much did you pay? _____
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7. Was any part of your 2006 Federal Refund due to EIC, Additional Child Tax Credit (ACTC), or the Federal Telephone Excise Tax Credit? **YES / NO**
If **YES**, Amount of EIC Received _____, Amount of ACTC Received _____, Amount of Federal Telephone Excise Tax Credit _____
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- Early Childhood Development Tax Credit (NOT allowed: Food, Lodging, Membership Fees, and any activity teaching Religious Tenets)
8. Did you pay for any of the following items, for your 3 year – 5 year old child, in 2007? **YES / NO**
If **YES**, amount you paid for: Preschool _____ Child Development Books _____ Supplies used in learning Activities _____
Lesson plans & Curricula _____ Child Development and educational activities outside of the home _____
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9. Did you pay for Tuition/Textbooks for a child, Kindergarten – 12 years? **YES / NO** (only for Accredited Iowa Schools that are Not Operated for Profit)
If **YES**, TOTAL amount paid in 2007 _____ Description / amount paid: _____ / _____
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10. Would you like to donate to one or more of the following voluntary contribution funds? **YES / NO**
(Any donation will reduce your refund, or increase the amount you owe)
If **YES**, please fill in an amount: Fish and Wildlife _____ Iowa State Fair _____
Volunteer Firefighters / Keep Iowa Beautiful _____ Veterans Trust Fund _____
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11. Consumer's Use Tax
If you / your spouse purchased items for use in Iowa from a business located outside of Iowa and the seller did not charge you Iowa sales tax, you owe a 5% tax known as the consumer's use tax on the price of the purchase(s). This tax can now be e-filed electronically online through the department's Web site at www.state.ia.us/tax or by touch-tone telephone at 1-800-514-8296. **We can not file the Consumer Use Tax for you.**
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12. Were you / your spouse called out on Active Military duty? **YES / NO**
If **YES**, Date of Deployment: ___ / ___ / _____ Place of Deployment: _____
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13. Is there any other information you think we should know, credits you feel you are eligible for, or any other questions you have? **YES / NO**
If **YES**, what would you like to add? _____