

# EarnIt!KeepIt!\$aveIt!

will use your answers to the following anonymous survey to demonstrate the need for continued free tax preparation and to improve our outreach and services. Your participation is voluntary and all responses are anonymous and confidential. Thank you!

A. What is your Zip Code? \_ \_ \_ \_ \_

B. How many people live in your household? \_\_\_\_\_

C. What is your age? \_\_\_\_\_

D. What is your spouse's age (if applicable)? \_\_\_\_\_

E. What is your race/ethnicity? (Circle One)

1. African/African-American
2. Asian/Pacific Islander
3. Caucasian/non-Hispanic
4. Latino/Hispanic

5. Native American/Alaskan Native
6. Multi-racial/Multi-ethnic
7. Other: \_\_\_\_\_

F. What is your Gender? (Circle One)

1. Male

2. Female

G. What is your English proficiency? (Circle One)

1. Fluent

2. Conversational

3. Limited English Speaker

H. Do you or anyone in your household have a disability? (Circle One)

1. Yes

2. No

I. What is your highest educational degree completed? (Circle One)

1. Less than High School
2. Have a high school Diploma/GED
3. Currently a student in university/college

4. Have a Bachelors degree or higher
5. Other

J. Which of the following bank accounts do you have? (Circle One)

1. Checking and Savings
2. ONLY Checking
3. ONLY Savings

4. None of the above

Name Bank/Credit Union: \_\_\_\_\_

K. Where did you file your taxes last year? (Circle One)

1. At this site
2. Went to another free site
3. Went to a commercial preparer like H&R Block
4. Paid another professional preparer

5. Did my own taxes for free
6. Did my own taxes but purchased tax software
7. I am a first-time filer
8. Did not file taxes last year

L. If you went to a paid preparer last year, did you pay for a SAME-DAY REFUND LOAN? (Circle One)

1. Yes
2. No

3. Unsure/I don't know
4. I did not pay a preparer

M. What was your income for 2009 (please estimate)? (Circle One)

1. \$10,000 or less
2. \$10,001-\$20,000
3. \$20,001-\$30,000
4. \$30,001-\$40,000

5. \$40,001-\$50,000
6. \$50,001-\$60,000
7. \$60,001+

Please Complete Other Side



**N. Healthcare/Medical Coverage: [Including private, employer provided, and/or public coverage (i.e. MediCal, Healthy Families, etc.)].**

**Do you have healthcare/medical coverage? (Circle one)**

1. Yes                                              2. No

**Does your partner/spouse have healthcare/medical coverage? (Circle one)**

1. Yes                                              2. No                                              3. I don't have a spouse/partner

**Do your children have healthcare/medical coverage? (Circle one)**

1. Yes                                              2. No                                              3. I don't have children

**O. Did you receive any of the following public benefits in 2009? (Circle all that apply)**

- |                       |                              |
|-----------------------|------------------------------|
| 1. Food Stamps        | 5. Free/reduced school lunch |
| 2. General Assistance | 6. WIC                       |
| 3. Financial Aid      | 7. Other: _____              |
| 4. CALWORKS           | 8. No                        |

**P. What is your current housing situation? (Circle all that apply)**

- |                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| 1. I own my home                              | 4. I live with family                        |
| 2. I rent a home or apartment by myself       | 5. I am currently homeless/live in a shelter |
| 3. I live in a dorm or rent with someone else | 6. Other                                     |

**Q. If you get a refund this year, how do you plan to use the money? (Circle all that apply)**

- |                                  |                                        |
|----------------------------------|----------------------------------------|
| 1. Food or clothing              | 6. Child care                          |
| 2. Pay Bills                     | 7. Savings                             |
| 3. Rent, home repair, mortgage   | 8. Transportation; buy or repair a car |
| 4. Doctor or other medical bills | 9. Not getting a refund                |
| 5. Tuition or education expenses | 10. Other: _____                       |

**R. Last time you had a financial emergency, how did you pay for it? (Circle all that apply)**

- |                                                          |                                               |
|----------------------------------------------------------|-----------------------------------------------|
| 1. Used my Savings                                       | 5. Borrowed from family/friends               |
| 2. Used my Credit Cards                                  | 6. Did not address emergency till I had funds |
| 3. Took out a payday loan                                | 7. Not applicable/No recent emergency         |
| 4. Went without food/<br>other necessities to pay for it | 8. Other: _____                               |

**S. During the past year, have you or your spouse/partner (if applicable) experienced any of the following? (Circle all that apply)**

- |                          |                                |
|--------------------------|--------------------------------|
| 1. Job Loss              | 4. Loss of healthcare benefits |
| 2. Cut in hours/wages    | 5. Other: _____                |
| 3. Home loss/foreclosure | 6. None of the above           |

<b>County:</b>
<b>Site:</b>
<b>Serial #</b>

**Please Complete Other Side**