



## CLIENT INFORMATION

In order to assist us in preparing a tax return(s) that results in the largest allowable refund, it is important that you complete all of the questions that apply to you. Completing the information below is the minimum needed to begin processing your return. Please print in ink and legibly.

### Personal Information

Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Street Address (P.O. Boxes cannot be used) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email Address \_\_\_\_\_ Cell Phone Provider \_\_\_\_\_

Would you like to receive text messages regarding your tax return? (circle one) Yes No

List all the states in which you lived or worked during the tax year:

1. Can you be claimed as a dependent on someone else's return?

Taxpayer: Yes No  
Spouse: Yes No

2. Can you provide documentation of health insurance?

Taxpayer: Yes No  
Spouse: Yes No  
Dependent(s): Yes No

Type of Insurance Coverage:

**(\*\*If you received health insurance through MarketPlace you must provide your 1095-A)**

3. Are you blind?

Taxpayer: Yes No  
Spouse: Yes No

4. Are you Disabled?

Taxpayer: Yes No  
Spouse: Yes No

5. Did you receive the Economic Stimulus Payment in 2019?

Yes No If yes, how much did you receive? \$ \_\_\_\_\_

**Identity Validation**

	<b>Government-Issued Photo ID #</b>	<b>ID Type</b>	<b>Issuer</b>	<b>Expiration Date</b>
<b>Taxpayer</b>				
<b>Spouse</b>				

**Marital Status**

Single     Married     Divorced     Separated     Widowed: Year Spouse Died: \_\_\_\_\_

**Military Personnel/ Dependent Status**

Are you and/or your spouse a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard serving on active duty under a call or order that does not specify a period of 30 days or fewer or a dependent of a member of the armed forces on active duty as described above?

Yes    No

**Direct Deposit**

Would you like your refund to be sent directly deposited into your bank account?    Yes    No

Bank Name: \_\_\_\_\_ Account Type:  Checking     Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Will this deposit go to an account outside of the US?    Yes    No

**Dependents**

<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Social Security #</b>	<b>Relationship</b>

## Childcare Expenses

Name of Provider	Address	SSN / EIN #	Amount Paid

## Education Credit/Expenses

Name of Student	Name of Institute	1098-T Available?

## Income Sources / Schedules for Filing (check all that apply)

**\*\* All sources of income should be reported. Unreported Income could delay refunds.**

- Wages or Salary (Form W-2)
  - How many jobs did you have last year? \_\_\_\_\_
- Tip Income
- Scholarships (Forms W-2, 1098-T)
- Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage (Forms 1099-INT, 1099-DIV)
- Unemployment Compensation, Refund of state/local income taxes (Form 1099-G)
- Alimony income or separate maintenance payments
- Self-Employment income (Form 1099-MISC, cash, virtual currency, or other property or services)
- Cash/check/virtual currency payments, or other property or services for any work performed not reported on Forms W-2 or 1099
- Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency or Real Estate (Forms 1099-S, 1099-B)
- Disability income (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
- Retirement income or payments from Pensions, Annuities, and/or IRA (Form 1099-R)
- Social Security or Railroad Retirement Benefits (Forms SSA-1099, RRB-1099)
- Income (or loss) from Rental Property
- Other income (gambling, lottery, prizes, awards, jury duty, virtual currency, Sch K-1, royalties, foreign income, other property or services)

## Expenses for Filing (check all that apply)

- Alimony or separate maintenance payments
  - Do you have the recipient's SSN?      Yes      No
- Contributions to a retirement account
  - IRA (A)      401K (B)      Roth IRA (B)      Other
- College or post secondary educational expenses for yourself, spouse or dependents (Form 1098-T)
- Any of the following: Medical & Dental (including insurance premiums), Mortgage Interest (Form 1098), Taxes (State, Real Estate, Personal Property, Sales), Charitable Contributions

- Child or dependent care expenses such as daycare
- Supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.
- Expenses related to self-employment income or any other income you received
- Student loan interest (Form 1098-E)

**Taxpayer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Tax Preparer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## EARNED INCOME CREDIT

### Part I: Qualifications

Could you, the taxpayer, be considered a “Qualifying Child” on another person’s 2020 tax return?	<b>YES</b>	<b>NO</b>
<b>Part II: QUALIFYING CHILDREN</b>	<b>Child 1</b>	<b>Child 2</b>
Is the Child: <ul style="list-style-type: none"> <li>• The taxpayer’s Son, Daughter or Adopted Child</li> <li>• A child of the taxpayer’s Son, Daughter or Adopted Child (Grandchild)</li> <li>• The taxpayer’s stepchild</li> <li>• The taxpayer’s step child</li> </ul>	Yes    No	Yes    No
If the child is married, are you claiming this child as a dependent? (if child is not married, then simply mark yes) (line 10)	Yes    No	Yes    No
Did the child live with you in the U.S for over half the year? OR The full year if the child is an eligible foster child? (line 11)	Yes    No	Yes    No
Was the child, at the end of the year: (line 12) <ul style="list-style-type: none"> <li>• Under age 19 OR</li> <li>• Under age 24 and a full-time student OR</li> <li>• Any age and permanently and totally disabled?</li> </ul>	Yes    No	Yes    No
Could any other person check “Yes” on lines 9 through 12 for the child? Prep Note: If yes, questions on line 13b and 13c must also be answered (line 13a)	Yes    No	Yes    No

**• If you checked “No” on any of the first four questions above, then:**

The child is not the taxpayer’s qualifying child. If the taxpayer does not have a qualifying child, go to “Part III” to see if the taxpayer can claim the EIC for people who do not have qualifying children

### Part III: EARNED INCOME CREDIT FOR TAXPAYERS W/OUT A QUALIFYING CHILD

Was your main home, and your spouse in filing jointly, in the US for more than half the year? (Military personnel on extended active duty outside US are considered to be living in the US during that period)	Yes	No
<b>NOTE: If you answered “No”, you are not able to qualify for the earned income credit (skip Part II and PartIII).</b>		

### Part IV: DUE DILIGENCE REQUIREMENTS

To comply with the EIC knowledge requirement, you must not know or have reason to know that any information used to determine the taxpayer’s eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries made and the taxpayer’s responses.

#### FORM 8879 INFORMATION

(1) = Check mailed from IRS	(4) = Balance Due	
(2) = Direct Deposit to TP’s Acct	(5) = RAC/RT	
Was the return prepared by the Taxpayer (self-prepared)?	Yes	No
Was the return prepared by a Paid-Preparer?	Yes	No

### TAXPAYER QUESTIONNAIRE REVIEW

*The above information is true and correct, and I/we understand that the information given on this questionnaire will be used to complete my/our 2020 tax return(s). I/We agree to hold this company harmless for any errors that they may make on my/our tax return. I/We also understand that error on my/our return will cause a delay in the processing of the return and the receipt of the refund, if any.*

**Taxpayer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**SATISFYING DUE DILIGENCE THROUGH ADDITIONAL INFORMATION**

- 1. ARE YOU THE PARENT OF THE CHILD(REN) YOU ARE CLAIMING ON YOUR RETURN?
 YES  NO \*IF YOU ANSWERED NO, YOU MUST ANSWER QUESTIONS #2 & #3
- 2. DO YOU HAVE LEGAL CUSTODY OF THE CHILD(REN) AND CAN PROVIDE DOCUMENTATION IF REQUESTED BY THE IRS?  YES  NO
- 3. DID THE CHILD(REN) LIVE WITH EITHER OF THEIR PARENTS FOR MORE THAN HALF THE YEAR?  YES  NO
- 4. DO THE CHILD(REN) RECEIVE MORE THAN HALF THEIR SUPPORT FROM SOMEONE OTHER THAN YOU?  YES  NO
- 5. IF REQUESTED BY THE IRS, CAN YOU PRODUCE RECORDS TO PROVE YOU QUALIFY FOR EIC (BIRTH CERT, LEASE AGREEMENTS, UTILITY BILLS & SCHOOL RECORDS)?  YES  NO
- 6. HAVE YOU CLAIMED THIS CHILD(REN) IN THE PAST?  YES  NO
- 7. ARE YOU RECEIVING BENEFITS FOR THIS CHILD(REN), LOCAL OR STATE?  YES  NO
- 8. CHILD CARE BENEFIT: WHO CARES FOR YOUR CHILD(REN) WHILE YOU ARE AT WORK OR SCHOOL?
 CHILDCARE  FAMILY MEMBERS
- 9. IS THE CHILD(REN) DISABLED PER THE IRS?  YES  NO
IF YES, IS THE DISABILITY CERTIFIED BY A DOCTOR?  YES  NO
- 10. DOES ANYONE ELSE LIVE IN YOUR HOME?  YES  NO
- 11. DID YOU LIVE WITH YOUR PARENTS?  YES  NO
- 12. ARE YOU A PREVIOUS CLIENT FROM THE 2020 TAX YEAR?  YES  NO

**ECONOMIC REALITY**

- 13. WHAT RESOURCES ARE AVAILABLE TO ASSIST YOU WITH LIMITED INCOME? (check all that apply)
 EITC REFUND  SECTION8  FAMILY SUPPORT  FOOD STAMPS

**THANK YOU FOR YOUR RESPONSES**

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Tax Preparer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SATISFYING DUE DILIGENCE (SCHEDULE C) THROUGH ADDITIONAL INFORMATION**

NAME OF BUSINESS: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EIN#: \_\_\_\_\_ - \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ACCOUNTING METHOD:  CASH  ACCRUAL  OTHER

DID YOU PARTICIPATE IN THE OPERATION OF THIS BUSINESS? YES NO

GROSS RECEIPTS OR SALES: CASH 1099MISC OTHER

1. WHAT TYPE OF BUSINESS/PROFESSIONAL SERVICES ARE YOU ENGAGED IN?

\_\_\_\_\_

2. IS THIS ACTIVITY FOR PROFIT/INCOME? YES NO

3. DO YOU HAVE A BUSINESS LICENSE? YES NO

4. DOES YOUR BUSINESS REQUIRE YOU TO OPERATE UNDER A BUSINESS LICENSE?  
YES NO

5. DO YOU HAVE A BUSINESS BANK ACCOUNT? YES NO

6. DID YOUR BUSINESS REQUIRE TO ISSUE ANY 1099'S? YES NO

7. DO YOU KEEP WRITTEN RECORDS/RECEIPTS THAT SHOW YOUR INCOME & EXPENSES?  
YES NO

IF NOT, THEN WHY NOT (THE IRS REQUIRES YOU TO KEEP RECORDS OF YOUR INCOME & EXPENSES)?

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

THE IRS USES FORM 11652 (QUESTIONNAIRE & SUPPORTING DOCUMENT FORM) TO AUDIT SCH C's. IN THIS EVENT YOU WILL BE REQUIRED TO SHOW RECEIPTS & INVOICES TO SUPPORT THE FIGURES. JUST SAYING THAT YOU HAVE THEM IS NOT ENOUGH. CAN YOU PROVIDE ME DOCUMENTS FOR YOUR FILE?  
YES NO

SUPPORTING DOCUMENTS:

BUSINESS CARD BUSINESS/ACTIVITY LOG EXPENSE LOG/RECEIPTS

AS YOUR PREPARER, DUE DILIGENCE REQUIRES ME TO BE SATISFIED THAT THE TAXPAYER IS CARRYING ON A BUSINESS & THAT THE INCOME/EXPENSES ARE SUBSTANTIALLY CORRECT AND COMPLETE. SOMETIMES WE MUST ASSIST IN RECORD RECONSTRUCTION & EDUCATE THE TAXPAYER ON THE IMPORTANCE OF KEEPING GOOD RECORDS. IS IT OK IF WE DISCUSS YOUR DAY TO DAY BUSINESS ACTIVITIES? YES NO

HOW DID YOU COME UP WITH YOUR INCOME & EXPENSES (APPOINTMENT BOOK, CALENDAR, CANCELLED CHECKS, RECEIPT BOOKS, LIST OF CLIENTS, ETC)?

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**BUSINESS EXPENSES**

DO YOU HAVE TO PURCHASE SUPPLIES FOR YOUR BUSINESS?      YES      NO  
IF YES, THE AMOUNT: \$ \_\_\_\_\_

DO YOU PAY RENT FOR YOUR BUSINESS SPACE (IE BOOT RENT)?      YES      NO  
IF YES, THE AMOUNT: \$ \_\_\_\_\_

DO YOU HAVE UTILITY RELATED EXPENSES (IE CELL PHONE, INTERNET, LIGHTS ETC)?  
YES      NO      IF YES, THE AMOUNT: \$ \_\_\_\_\_

DO HAVE ADVERTISING EXPENSES (IE BUSINESS CARD, WEBSITE, SIGNAGE ETC)?  
YES      NO      IF YES, THE AMOUNT: \$ \_\_\_\_\_

DO YOU HAVE CONSULTING FEE (ATTY, TAXPAYER, DESIGNERS, ITT ECT)?  
YES      NO      IF YES, THE AMOUNT: \$ \_\_\_\_\_

ARE YOU REQUIRED TO WEAR A UNIFORM OR DRESS YOU FOR YOUR BUSINESS?  
YES      NO      IF YES, THE AMOUNT: \$ \_\_\_\_\_

DO YOU HAVE MEMBERSHIP FEES, DUES, CONTINUE ED EXP?  
YES      NO      IF YES, THE AMOUNT: \$ \_\_\_\_\_

DO YOU HAVE CAR EXPENSES? (IE MILEAGE, INSURANCE ETC)  
YES      NO      IF YES, THE AMOUNT: \$ \_\_\_\_\_

DO YOU HAVE TRAVELING, MEALS OR ENTERTAINMENT EXPENSES?  
YES      NO      IF YES, THE AMOUNT: \$ \_\_\_\_\_

DO YOU HAVE LAUNDRY/CLEANING EXPENSES?  
YES      NO      IF YES, THE AMOUNT: \$ \_\_\_\_\_

ARE THERE ANY EXPENSES WE HAVE NOT DISCUSSED THAT ARE NECESSARY EXPENSES TO OPERATING YOUR DAY TO DAY BUSINESS WE HAVE NOT DISCUSSED?

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**THANK YOU FOR YOUR RESPONSES**

**Taxpayer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Tax Preparer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





I, \_\_\_\_\_ acknowledge that the income/expenses reported on my  
\_\_\_\_ **2020** tax return reflects my information to the best of my knowledge. This information was given and  
disclosed to my TAX PREPARER, \_\_\_\_\_, to use for the filing of my tax return.  
The information given was transferred to my Schedule C and reported in my tax filing.

This information was given of my own free will and for the sole purpose of filing my tax return.

**Print Taxpayer Name:** \_\_\_\_\_

**Taxpayer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_