



1099-MISC

# 2020 Taxpayer Information Sheet

Please have the taxpayer fill out this sheet correctly and legibly to ensure a quick and accurate refund! Double check that the spelling of all names, social security numbers, and the date of birth information are correct and as they appear on the social security cards.

## Taxpayer Information

Social Security Number 4xx-xx-xxxx Filing Status Single  
 First Name Rosa Last Name Gonzalez  
 Birth Date 11 / 17 / 1982 Occupation hair stylist  
 Can someone else claim the taxpayer as a dependent? Yes \_\_\_\_\_ No X

Address 82 Oak Ave  
 City Your city State Your state Zip Code Your zip  
 Phone ( 281 ) 1082 - 1121

## Spouse Information

Spouse First Name \_\_\_\_\_ Spouse Last Name \_\_\_\_\_  
 Spouse DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Spouse SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Can someone else claim the spouse as a dependent? Yes \_\_\_\_\_ No \_\_\_\_\_

## Stimulus Information(Required Information)

How much was your first stimulus amount (before any offset)? \$1,200  
 This amount can be found on Notice 1444 from the IRS  
 How much was your second stimulus amount (before any offset)? \$600  
 This amount can be found on Notice 1444-B from the IRS

Number of W-2's \_\_\_\_\_

Number of 1099 Income forms 1

Do you have other Income? (Circle one) YES  NO What kind? \_\_\_\_\_

Did you or anyone on your return have marketplace insurance at any point during the year? (Circle one)

NO  YES (If you did you are required to provide your 1095A)

*I the undersigned, hereby certify that all the information provided above is true and correct.*

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

## Dependent Information

Legal Name	Birth Date	Social Security #	Relationship
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____

## Earned Income Amount

What was your earned income as shown on your 2019 return? \_\_\_\_\_

*\*This is only for new customers and is not required information.\**

***I the undersigned, hereby certify that all the information provided above is true and correct.***

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*SUNLOAN EMPLOYEE MUST COMPLETE DUE DILIGENCE INTERVIEW SHEET\*\***

\*\*\*At least one form must be completed for every return\*\*\*

## EIC Due Diligence Interview Sheet

Please ask the taxpayer all questions and document the answers.

1. Were you (or spouse) a nonresident alien at any time during the year?  Yes  No
2. Could you (or spouse) be a qualifying dependent of another person for the year?  Yes  No
3. Was your main residence in the United States for more than half the year?  Yes  No

For each dependent, please ask the taxpayer all questions and document the answers.

(Answer questions on a new sheet for each dependent)

Dependent Name \_\_\_\_\_

Dependent SSN \_\_\_\_\_

4. Is the taxpayer (or spouse if filing MFJ) the biological parent?  Yes  No (if no, please answer part a & b)
  - a. Where is the biological parent? \_\_\_\_\_
  - b. Why is the biological parent not claiming the dependent? \_\_\_\_\_
5. If requested, can you provide proof the dependent lived with you for more than half the year?  Yes  No  
How many months did the dependent live with you during the year? \_\_\_\_\_

If requested, which of the following can you provide as proof the dependent lived with you?

- School Records  Landlord or Property Management Statement  Medical Records  
 Child Care Provider Statement  Placement Agency Statement  Social Services Records  
 Church Statement  Indian Tribal Statement  Other \_\_\_\_\_

(may continue on back)

6. If your child is over 18, are they a **college student** or have a **permanent disability**?  Yes  No  
If Yes:  
College Attended \_\_\_\_\_  
Disability Type \_\_\_\_\_

Can you get documentation proving this?  Yes  No (  School Records  Doctor Statements )

7. If you are filing **Head of Household**, what is your marital status?  
 Never Married  
 Divorced or Separated  
 Spouse Deceased  
 Married but living apart for at least the last 6 months of the tax year  
If requested, can you get documentation proving this?  Yes  No

8. If requested, how you can show that you pay **MORE** than 50% of the household bills?  
 Utility Bills  Property Tax Bill  Grocery Receipts  Rent Receipt or Mortgage Interest  
 Maintenance or Repair Bills  Other Household Bills \_\_\_\_\_

(may continue on back)

Do you have any reason that any of the information that was used to determine if the taxpayer is eligible to claim the dependent is NOT TRUE?  No, if yes then you should ask additional questions, gather more information, and make notes on the back.

Interviewed By: \_\_\_\_\_ Your Name \_\_\_\_\_ Date \_\_\_\_\_ Today's date \_\_\_\_\_

Taxpayer Signature: \_\_\_\_\_ Rosa Gonzalez \_\_\_\_\_ Date \_\_\_\_\_ Today's date \_\_\_\_\_

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



## 2019 Schedule C/Self Employment Checklist

Taxpayer name: Rosa Gonzalez

Social Security number: 4XX-XX-XXXX

The following forms are needed for **EVERY** supporting documentation submission. These forms are required for anyone with Schedule C income or a 1099MISC with income in box 7. If **ANY** of these are missing or incomplete, ATS will not be able to review or process any part of the return.

- Completed & Signed Schedule C Interview Worksheet
- Completed & Signed Schedule C Worksheet
- Proof of ALL income and expenses (categorized, organized, and totaled).  
\*Income and expenses cannot be taxpayer created but must be verifiable through a third party. (i.e. receipts, cashed checks, etc.)
- ALL 1099MISC forms (if they received any)
- This completed form
- Completed Supporting Documentation Cover Sheet

---

The following forms are common items the taxpayer may have. Please check the boxes below of all the forms that apply to this taxpayer.

- Mileage Log (if they are claiming mileage, they must have a mileage log that includes the following: date of trip, reason for trip, starting odometer reading, ending odometer reading)
- Completed Auto Expense Worksheet if claiming mileage or auto expenses
- If the taxpayer maintains inventory (food trucks, Mary Kay, etc.)  
Beginning inventory \$ \_\_\_\_\_ Ending inventory \$ \_\_\_\_\_
- Other forms: \_\_\_\_\_

Preparer Name: Your name here EFIN Your store EFIN

Sun Loan store phone number: Your store phone number



## 2019 Schedule C Worksheet

**Documentation must be legible and submitted in the correct format for ATS to process the return. Failure to submit complete documentation in the correct format will result in our inability to review or process any part of this return.**

Taxpayer name Rosa Gonzalez

Social Security number 4XX-XX-XXXX

Type of business Hair Stylist

### **Income:**

Total income listed on all 1099-MISC forms in box 7 (if any). \$ 14,226

Gross receipts/sales – direct income not reported on a 1099-MISC....\$ \_\_\_\_\_

**Expenses:** (Sun Loan employee must initial next to each box to confirm supporting documentation was received from the taxpayer.)

<input type="checkbox"/>	Advertising.....	\$ _____
<input type="checkbox"/>	Contract Labor – total amount the taxpayer paid to any worker(s).....	\$ _____
<input type="checkbox"/>	Business Insurance – workman’s comp, liability, etc.....	\$ _____
<input type="checkbox"/>	Office expenses – software, cell phones, etc.....	\$ _____
<input checked="" type="checkbox"/>	Supplies – paper, pens, printer ink, etc.....	\$ <u>1,348.87</u>
<input type="checkbox"/>	Business taxes and Licenses.....	\$ _____
<input type="checkbox"/>	Business travel – lodging.....	\$ _____
<input type="checkbox"/>	Meals.....	\$ _____
<input checked="" type="checkbox"/>	Other Expenses: please describe and use the back of this sheet if needed	
	<u>Booth Rental</u> .....	\$ <u>2,550</u>
	.....	\$ _____

If you have car and/or truck expenses, please complete the Auto Expense Worksheet

***I, the undersigned, hereby certify that all the information provided on this form is true and correct.***

Taxpayer Signature: Rosa Gonzalez Date: Today

Employee Signature: ***I verify that the taxpayer provided the above documentation.***

Your signature Date: Today

**Complete the Taxpayer Schedule C Interview Worksheet**



## 2019 Schedule C Interview Worksheet

Documentation must be legible and submitted in the correct format for ATS to process the return. Failure to submit complete documentation in the correct format will result in our inability to review or process any part of this return. To be considered complete questions #1 - #7 must be answered and the form signed for all self-employed taxpayers including taxpayers who received 1099-MISC forms with income listed in box 7.

1. Taxpayer Name: Rosa Gonzalez
2. Social Security Number 4XX-XX-XXXX

3. Please provide a description the taxpayer's business (type of work, product sold, service provided, where your business is conducted, etc.) Hair Stylist

4. How long has the taxpayer owned this business or done this job? 3 years

5. Can the taxpayer provide any documents to substantiate your business? **Yes** No (If NO we would be unable to prepare this return)

Check all that apply

- Advertisements  Business License  Business Stationary  Invoices  
 Receipts/Receipt Book  Business Quotes  Business Cards  
 Business Insurance  Other - please describe: \_\_\_\_\_

6. Who maintains the business records? Rosa - Taxpayer

7. What records of income and expenses were provided? Check all that apply

- Accounting Records  1099-MISC  Car/Truck Expenses  
 Paid Invoices  Ledgers/Log books  Computer records  
 Business bank accounts  Suppliers (names and addresses)

***I, the undersigned, hereby certify that all the information provided on this form is true and correct.***

Taxpayer Signature: Rosa Gonzalez Date: Today

Employee signature: ***I verify the taxpayer provided the above documents.***

Your signature Date: Today

**YOU MUST COMPLETE SCHEDULE C WORKSHEET**

Rosa Gonzalez provided her beauty school certificate as proof of her business.

\*\*\*Sample – For Training Purposes Only\*\*\*



Rosa Gonzalez provided the following receipt as proof of her business and her business expenses.

**\*\*\*Sample – For Training Purposes Only\*\*\***

Cash Receipt	
<b>From:</b> Elite Hair and Nails	
<b>Amount:</b> Two thousand five hundred and fifty dollars	
(Words)	
<b>For:</b> Booth Rental Jan 1, 2019 – Dec 31, 2019	Notes
<b>Name:</b> Rosa Gonzalez	Coins
<b>Business:</b>	Other
<b>Signed:</b> Salon Owner	<b>Total</b> \$2,550
<b>Date:</b> 12-31-2019	<b>Receipt No:</b> 5422



Rosa Gonzalez provided the following paid invoice to substantiate her business and prove her business expenses.



Ally's Beauty Supply  
520 Elm Rd  
Your City, USA

# INVOICE

DATE: 12/31/2019  
INVOICE #: 552663

**Bill To:**

Rosa Gonzalez  
82 Oak Ave.  
Your City, USA

**Ship To:**

P.O. #	Sales Rep. Name	Ship Date	Ship Via	Terms	Due Date

Product ID	Description	Quantity	Unit Price	Line Total
J7389	Brushes	10	25.00	250.00
F4242	Hair Dyes	100	5.99	599.00
F8595	Highlight Folds	400	.75	300.00
S9255	Scissors	4	24.99	99.96

SUBTOTAL	1248.96
PST 8.00%	99.91
GST 6.00%	-
SHIPPING & HANDLING	-
<b>TOTAL</b>	<b>1348.87</b>
PAID	1348.87
<b>TOTAL DUE</b>	<b>0.00</b>

**NOTES:**

THANK YOU FOR YOUR BUSINESS!

**\*\*\*Sample – For Training Purposes Only\*\*\***

CORRECTED (if checked)

OMB No. 1545-0046

**2020**

Form **1099-NEC**

**Nonemployee Compensation**

**Copy B  
For Recipient**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>ELITE HAIR AND NAILS 227 MAIN STREET FLEMING ISLAND, FL 32003</b>		1 Nonemployee compensation \$ <b>14,226</b>	
PAYER'S TIN <b>76-2252998</b>	RECIPIENT'S TIN <b>4XX-XX-XXXX</b>	2	
RECIPIENT'S name <b>ROSA GONZALEZ</b>		3	
Street address (including apt. no.) <b>82 OAK ST</b>		4 Federal income tax withheld \$	
City or town, state or province, country, and ZIP or foreign postal code <b>YOUR CITY, YOUR STATE, YOU ZIP</b>		5	
		FATCA filing requirement <input type="checkbox"/>	
Account number (see instructions)		6 State tax withheld \$	7 State income \$
		6 State/Payer's state no. \$	7 State income \$

Form **1099-NEC**

(keep for your records)

[www.irs.gov/Form1099NEC](http://www.irs.gov/Form1099NEC)

Department of the Treasury - Internal Revenue Service