

2021 Taxpayer Information Sheet

Please have the taxpayer fill out this sheet correctly and legibly to ensure a quick and accurate refund. Double check all information. The spelling of all names and social security numbers should match what is on the social security cards.

Taxpayer Information

First Name Ashley Last Name Baker

SSN 4XX- XX - XXXX DOB 07 / 02 / 1981 Occupation Laborer

Address 1998 Cenntennial Court

City Your City State Your State Zip Code Your Zip Code

Cell Phone - - Email @

Marital Status on 12/31/2021

Can anyone claim this person as a dependent?

Married Single, Divorced, or Widowed Yes No

Spouse Information

First Name _____ Last Name _____

SSN - - DOB / / Occupation _____

Can anyone claim this person as a dependent?

Yes No

Required Information

of W-2's 1 # of 1099 NEC _____ Do you have any other income? No Yes

If yes, describe: _____

How much was your third stimulus (EIP3) amount (before any offset)? NONE

This amount can be found on Notice 6475 from the IRS

Did you receive any advance child tax credit payments?

No Yes If yes: For how many dependents? _____

What is the total amount received? _____

This amount can be found on Notice 6475 from the IRS

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

No Yes If yes, you are required to provide your 1095A.

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

Taxpayer Signature Ashley Baker Date Today

Spouse Signature _____ Date _____

Dependent Information Sheet

Please have the taxpayer fill out this sheet if they have dependents. 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.

Legal Name	Birth Date	SSN	Relationship
	/ /	- -	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Other
	/ /	- -	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Other
	/ /	- -	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Other
	/ /	- -	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Other
	/ /	- -	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Other

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

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date _____

***** SUN LOAN EMPLOYEE MUST COMPLETE DEPENDENT DUE DILIGENCE INTERVIEW SHEET*****

Due Diligence Interview Sheet

THIS MUST BE COMPLETED FOR **ALL** TAX RETURNS. THERE ARE NO EXCEPTIONS.

Step 1: Collect a both a government issued photo ID and a SS card from the taxpayer (and spouse if MFJ). Make a copy of both the ID (unless it is a military ID) and the SS card and indicate complete with a check.

Taxpayer ID Type	DRIVER'S LICENSE	Issuing Agency	YOUR STATE	<input checked="" type="checkbox"/>	SS Card Copied
Spouse ID Type		Issuing Agency		<input checked="" type="checkbox"/>	SS Card Copied

Step 2: You must ask the taxpayer all of the questions as indicated below and document the answer. If needed ask follow-up questions and document the responses on the back of this form.

Section One: This section is for **all** taxpayers.

- Yes No 1. Were you (or spouse) a nonresident alien at any time during the year?
- Yes No 2. Could you (or spouse) be a qualifying child of another person for the year?
- Yes No 3. Was your main home (and main home of spouse if MFJ) in the United States for more than half the year?
- Yes No 4. Are you (or your spouse) eligible to be claimed as a dependent on anyone else's federal income tax return for the year?
- Yes No 5. Have you (or your spouse) ever had EIC, CTC, ACTC, or AOTC disallowed or reduced in a previous year? (If yes, complete **Form 8862**)

Section Two: This section is to determine if a taxpayer can file **Head of Household**. If married, continue to section three.

- 1. What is your marital status?
 Never Married Divorced Widowed Separated and living apart for at least the last 6 months of the tax year
- 2. Did you pay for more than 50% of the household bills?
 Yes No (if No, the taxpayer cannot file HOH)
- 3. Which of the following documents could be provided to prove the taxpayer paid **MORE** than 50% of the household bills?
 Rent Receipt or Mortgage Interest Household Lease Utility Bills
 Property Tax Bill Grocery Receipts Maintenance or Repair Bills

IF the taxpayer meets all requirements above AND has a qualifying dependent ask:

- 4. Do you wish to file as Head of Household? Yes No

Section Three: As the tax preparer, confirm each of the following statements.

- 1. Did any information provided by the taxpayer, a third party, or reasonably known to you in connection with preparing the return appear to be incorrect, incomplete, or inconsistent?
 No **If Yes**, ask additional questions, gather more information, and document responses on the back of this form
- 2. Do you have any reason to believe that any of the information used to determine the taxpayer eligibility to claim any credit or to compute the amount of the credit is fraudulent in any way?
 No **If Yes**, you cannot complete this return
- 3. As a reasonable person, do you feel as though the taxpayer is telling the truth?
 Yes **If No**, you cannot complete this return

Interviewer Signature	<i>YOUR NAME</i>	Date	Today's Date
Taxpayer Signature	<i>ASHLEY BAKER</i>	Date	Today's Date
Spouse Signature		Date	

****COMPLETE DEPENDENT DUE DILIGENCE FOR ANY DEPENDENTS****

22222		a Employee's social security number 4XX-XX-XXXX		OMB No. 1545-0008				This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
b Employer identification number (EIN) 73-6655007				1 Wages, tips, other compensation \$14,597.66		2 Federal income tax withheld \$1,605.74							
c Employer's name, address, and ZIP code Reese's Diner 887 Satellite BVLD Your City, Your State, Your Zip code				3 Social security wages \$14,597.66		4 Social security tax withheld Software will calculate							
				5 Medicare wages and tips \$14,597.66		6 Medicare tax withheld Software will calculate							
				7 Social security tips		8 Allocated tips							
d Control number				9		10 Dependent care benefits							
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a See instructions for box 12					
Ashley Baker 1998 Centennial Court Your City, Your State, Your Zip code		f Employee's address and ZIP code		13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>		12b			
				14 Other		12c							
				12d									
15 State		Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement
 Copy C—For EMPLOYEE'S RECORDS
 (See Notice to Employee on the back of Copy B.)

20XX

Department of the Treasury—Internal Revenue Service