



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 HOH

First Name Amelia Last Name Heron

Birth Date 08/31/1994 Occupation Day Care Worker

Can someone else claim the taxpayer as a dependent? Yes _____ No X

Address 265 Rylan Villages Apt. 415

City Your City State Your State Zip Code Your Zip Code

Phone (____) _____ - _____

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)? \$1,700

This amount can be found on Notice 1444 from the IRS

How much was your second stimulus amount (before any offset)? \$1,200

This amount can be found on Notice 1444-B from the IRS

Number of W-2's 1

Number of 1099 Income forms _____

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)

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 Amelia Heron Date Today

Spouse Signature _____ Date _____

****THIS IS A REQUIRED FORM FOR ALL RETURNS – THERE ARE NO EXCEPTIONS****

Due Diligence Interview Sheet for All Tax Returns

You must ask the taxpayer all questions and document the answers.

Both a government issued photo ID and SS card from the taxpayer (and spouse if filing MFJ) are required. Write that information below. Make copies for your file unless it is a military ID.

Taxpayer ID type: Driver's License Issuing Agency: Your State SS Card
Spouse ID type: _____ Issuing Agency: _____ SS Card

Section One

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?
 Yes No
-if yes, you will need to complete Form 8862.

Section Two

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 (if No, the taxpayer can not file HOH)

Which of the following documents could be provided to prove the taxpayer paid **MORE** than 50% of the household bills?

- Utility Bills Property Tax Bill Grocery Receipts Rent Receipt or Mortgage Interest
 Maintenance or Repair Bills Household Lease

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 then you should ask additional questions, gather more information, and make notes on the back.

Do you have any reason that any of the information that was used to determine if the taxpayer is eligible to claim any credit or to compute the amount of the credit is fraudulent in any way? No, if yes then you can not complete this return.

As a reasonable person do you feel as though the taxpayer is telling you the truth? Yes, if no then you cannot complete this return.

Interviewed By: Your Name Date Today
Taxpayer Signature: Amelia Heron Date Today
Spouse Signature: _____ Date _____

Please continue on next page

**For each dependent, ask the taxpayer all questions and document the answers in detail.
(Each dependent must be answered on a separate sheet)**

Dependent Name *Josiah Heron*

Dependent SSN *4XX-XX-XXXX*

Relationship to Taxpayer *Son*

Proof of Dependent Relationship (which of the following could be provided)

Birth certificate **Court Record** **Form 8332** **Form 1095B**

1. List below where the biological parents of the dependent are (If they are not the taxpayer/spouse on this return you will need to complete their location information and why they are not claiming the child)

Biological Mother: Taxpayer on this return Spouse on this return

Not on return, location: _____

Why is the biological mother not claiming the child? _____

Biological Father: Taxpayer on this return Spouse on this return

Not on return, location: _____

Why is the biological father not claiming the child? *Biological father not claiming this year*

2. Can you provide proof the dependent lived with you in the United States for more than half the year?

Yes No (if no the taxpayer can not claim this dependent)

How many months did the dependent live with you in the United States during the year? *12*

What documents did the taxpayer provide as proof that the dependent lived with taxpayer? (Needs to show that dependent's address matches taxpayer's address)

School Records Medical Records Social Service Records

Lease 1095B (address must match taxpayer's)

3. Does anyone else qualify to claim this dependent? Yes No

*If Yes, under Tie Breaker rules is the dependent a qualifying child of the taxpayer? Yes No (if no, they can not claim this dependent)

4. If your child is over 18, are they a full time student? Yes No

If Yes: Can you provide documentation showing that the dependent was a full time student for at least 5 months during the tax year? Yes No (if no the dependent can not be claimed as a student)

School records were provided (Documents must show dates of attendance)? Yes No

School Attended: _____

5. If your child is over 18, are they a totally and permanently disabled? Yes No

If Yes: Does the dependent receive Social Security or other disability payments? Yes No

Which of the following records verifying the dependent is totally and permanently disabled does the taxpayer have:

Doctor/Healthcare Provider Statement Social Service Agency Statement

Disability Type: _____

Do you have any reason that any of the information that was used to determine if the taxpayer is eligible to claim EIC or to compute the amount of the credit is INCORRECT, INCOMPLETE, OR INCONSISTENT? No, if yes then you should ask additional questions, gather more information, and make notes on the back.

Interviewed By: *Your Name* **Date** *Today*

Taxpayer Signature: *Amelia Heron* **Date** *Today*

Spouse Signature: _____ **Date** _____

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) 72-6654559			1 Wages, tips, other compensation \$35,896.77		2 Federal income tax withheld \$3,948.64		
c Employer's name, address, and ZIP code Sunshine's Day Care 622 Donnelly Stream Your City, Your State, Your Zip code			3 Social security wages \$35,896.77		4 Social security tax withheld Software will calculate		
			5 Medicare wages and tips \$35,896.77		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. Amelia Heron 265 Rylan Villages Apt. 415 Your City, Your State, Your Zip code			11 Nonqualified plans		12a See instructions for box 12		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
			14 Other		12c		
					12d		
f Employee's address and ZIP code							
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

Prepare and eFile Your Tax Return at eFile.com

VOID CORRECTED

**Distributions From
Pensions, Annuities,
Retirement
Profit-Sharing Plans,
IRAs, Insurance
Contracts, etc.**

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. General Retirement Plan 8862 Stapleton Court Your City, Your State, Your Zip code		1 Gross distribution \$ 5,000 2a Taxable amount \$ 5,000 2b Taxable amount not determined <input type="checkbox"/>	OMB No. 1545-0119 Form 1099-R	Total distribution <input checked="" type="checkbox"/>	
PAYER'S TIN 52-4871203	RECIPIENT'S TIN 4XX-XX-XXXX	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 543.21	Copy F State, City or Local Tax Department	
RECIPIENT'S name Amelia Heron		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.) 265 Rylan Villages Apt. 415		7 Distribution code(s) 1	8 Other \$ %		
City or town, state or province, country, and ZIP or foreign postal code Your City, Your State, Your Zip code		9a Your percentage of total distribution %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of design. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$ 120	15 State/Payer's state no.	16 State distribution \$
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$