

PRACTICE – Taxpayer Information Sheet

*** You must make up a SSN starting with a 4.

Write down the fake SSN so you can track your answers. ***

TAXPAYER INFORMATION

First Name Charlie Last Name Simpson

SSN 4XX - XX - XXXX DOB 12/18/1989 Occupation Phlebotomist

Address 91 Elm Street

City YOUR CITY State YOUR STATE ZIP Code YOUR ZIP

Cell # Use a FAKE number
Do NOT use store or personal Email _____

Marital Status on 12/31/2022

Married Single, Divorced or Widowed

Can anyone claim this person as a dependent?

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 other Income? Yes No

If yes, describe: _____

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.

Will you be claiming any dependents?

No Yes How many? 1

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

Taxpayer Signature Charlie Simpson Date TODAY

Spouse Signature _____ Date _____

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

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
Rufus Simpson	01 /31 /2019	4XX-XX-XXXX	<input checked="" 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 Charlie Simpson

Date TODAY

Spouse Signature _____

Date TODAY

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 type="checkbox"/>	SS Card Copied
Spouse ID Type	_____	Issuing Agency	_____	<input 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 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 _____ YOUR NAME _____ Date _____

Taxpayer Signature Charlie Simpson Date TODAY

Spouse Signature _____ Date TODAY

Dependent Due Diligence Interview Sheet

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 Rufus Simpson SSN 4xx-xx-xxxx

Relationship to Taxpayer(s) Son What proof of relationship can be provided?
 Birth Certificate Court Record Form 8832 Form 1095 B

Section One: Complete for all dependents.

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: Deceased
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? _____

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 cannot claim this dependent

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

4. What documents can the taxpayer provide as proof that the dependent lived with Taxpayer? (Must show that dependent's address matches taxpayer's address).

School Records Medical Records Social Service Records Lease 1095B (address must match)

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

If Yes, under Tie Breaker rules is this dependent a qualifying child of the taxpayer?

Yes No **If No**, the taxpayer cannot claim this dependent

Section Two: Complete for dependent children OVER the age of 18.

1. If your child is over 18, are they a full-time student? Yes: School Name: _____ No

If Yes, can documentation be provided to show the dependent was a full time student for at least 5 months?

Yes No **If No**, the taxpayer cannot claim this dependent as a student.

If Yes, do the records show dates of attendance?

Yes No **If No**, the taxpayer cannot claim this dependent as a student

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

Disability Type: _____

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

As the tax preparer, do you have any reason to believe 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**, ask additional questions, gather more information, and document responses on the back of this form.

Interviewer Signature YOUR NAME Date _____

Taxpayer Signature Charlie Simpson Date TODAY

Spouse Signature _____ Date TODAY

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) 72-0104509				1 Wages, tips, other compensation \$40,389.25		2 Federal income tax withheld \$4,442.81					
c Employer's name, address, and ZIP code Hopewell Hospital 852 Colonial Avenue Your City, Your State, Your Zip code				3 Social security wages \$40,389.25		4 Social security tax withheld Software will calculate					
				5 Medicare wages and tips \$40,389.25		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. Charlie Simpson 91 Elm Street 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

20XX

Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS
(See Notice to Employee on the back of Copy B.)