

# 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 Casey Last Name Denver

SSN 4XX-XX-XXXX DOB 06/08/1995 Occupation Vet Assistant

Address 7410 Augusta Drive

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? \_\_\_\_\_

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

Taxpayer Signature Casey Denver Date TODAY

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

**\*\*SUNLOAN EMPLOYEE MUST COMPLETE 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 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 Casey Denver Date TODAY

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

<b>22222</b>		a Employee's social security number 4XX-XX-XXXX	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) 74-8457990		1 Wages, tips, other compensation \$14,889.15		2 Federal income tax withheld \$1,637.80		
c Employer's name, address, and ZIP code Happy Pet Clinic 686 Oxford Valley Road Your City, Your State, Your Zip code		3 Social security wages \$14,889.15		4 Social security tax withheld Software will calculate		
		5 Medicare wages and tips \$14,889.15		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. Casey Denver 7410 Augusta Drive 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.)

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number

**INTEGRATED EDUCATION SYSTEMS**  
322 BROAD STREET STE 2  
YOUR CITY, YOUR STATE YOUR ZIP CODE

OMB No. 1545-1576

**20XX**

Form **1098-E**

**Student  
Loan Interest  
Statement**

RECIPIENT'S TIN

**31-5899324**

BORROWER'S TIN

**4XX-XX-XXXX**

**1** Student loan interest received by lender

\$ **713.00**

**Copy B  
For Borrower**

BORROWER'S name

**CASEY DENVER**

Street address (including apt. no.)

**7410 AUGUSTA DRIVE**

City or town, state or province, country, and ZIP or foreign postal code

**YOUR CITY, YOUR STATE YOUR ZIP CODE**

Account number (see Instructions)

**2** If checked, box 1 does **not** include loan origination fees and/or capitalized interest for loans made before September 1, 2004

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 the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.

Form **1098-E**

(keep for your records)

[www.irs.gov/Form1098E](http://www.irs.gov/Form1098E)

Department of the Treasury - Internal Revenue Service