

# 2022 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

**First Name** Leon **Last Name** Brown  
**SSN** 4XX - XX - XXXX **DOB** 11 / 02 / 1991 **Occupation** Delivery Driver  
**Address** 1211 Broad Street  
**City** Your City **State** Your state **Zip Code** Your Zip code  
**Cell #** - - **Email** @

**Marital Status on 12/31/2022**

Married  Not married

**Can anyone else claim you as a dependent?**

Yes  No

## Spouse Information

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**SSN** - - **DOB** / / **Occupation** \_\_\_\_\_  
**Cell #** - - **Email** @

**Can anyone else claim your spouse as a dependent?**

Yes  No

## Additional Information

**# of W-2's** 1 **# of 1099 NEC** 0 **Do you have any other income?**  Yes  No

If yes, describe \_\_\_\_\_

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

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

**Will you be claiming any dependents?**

No  Yes How many? \_\_\_\_\_

**Have you filed taxes with Sun Loan before?**  No  Yes, location: \_\_\_\_\_

**Referral Name:** \_\_\_\_\_

*I the undersigned, hereby certify that all the information provided above is true and correct. By signing I authorize Sun Loan to file my return using the information I have provided.*

**Taxpayer Signature** Leon Brown **Date** Today

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

# 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 <u>YOUR NAME</u>	Date <u>Today's Date</u>
Taxpayer Signature <u>Leon Brown</u>	Date <u>Today's Date</u>
Spouse Signature _____	Date _____

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

<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) 73-3216540		1 Wages, tips, other compensation \$10,601.70		2 Federal income tax withheld \$1,166.18			
c Employer's name, address, and ZIP code Pizza Lovers 3033 Cherry Street Your City, Your State, Your Zip code		3 Social security wages \$10,601.70		4 Social security tax withheld Software will calculate			
		5 Medicare wages and tips \$10,601.70		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.  Leon Brown 1211 Broad 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			
f Employee's address and ZIP code				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

Prepare and eFile Your Tax Return at eFile.com