



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 MFJ

First Name Chase Last Name Caldwater

Birth Date 08/14/1979 Occupation Car Wash

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

Address 590 Willow Drive

City Your City State Your State Zip Code Your Zip Code

Phone (____) _____ - _____

Spouse Information

Spouse First Name Zoey Spouse Last Name Caldwater

Spouse DOB 12/03/1981 Spouse SSN 4XX-XX-XXXX

Occupation Admin. Assistant

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

Stimulus Information (Required Information)

How much was your first stimulus amount (before any offset)? \$2,400

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 2

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 Chase Caldwater Date Today

Spouse Signature Zoey Caldwater Date Today

Dependent Information

Legal Name	Birth Date	Social Security #	Relationship
<u>Elijah Caldwater</u>	<u>04/09 /2017</u>	<u>4XX-XX-XXXX</u>	<u>SON</u>
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____

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

Taxpayer Signature Chase Caldwater Date Today

Spouse Signature Zoey Caldwater Date Today

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

****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: Driver's License Issuing Agency: Your State 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 cannot 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: Chase Caldwell Date Today
Spouse Signature: Zoey Caldwell Date Today

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 Elijah Caldwater

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? _____

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: Chase Caldwater **Date** Today

Spouse Signature: Zoey Caldwater **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) 74-1110458				1 Wages, tips, other compensation \$10,667.50		2 Federal income tax withheld \$1,173.42					
c Employer's name, address, and ZIP code General Car Wash 1990 Arch Street Your City, Your State, Your Zip code				3 Social security wages \$10,667.50		4 Social security tax withheld Software will calculate					
				5 Medicare wages and tips \$10,667.50		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 Chase Caldwell		Last name Caldwater		Suff.		11 Nonqualified plans		12a See instructions for box 12			
590 Willow Drive Your City, Your State, Your 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					
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

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) 74-1058742			1 Wages, tips, other compensation \$10,030.21		2 Federal income tax withheld \$1,103.32				
c Employer's name, address, and ZIP code General Office Building 505 Market Street Your City, Your State, Your Zip code			3 Social security wages \$10,030.21		4 Social security tax withheld Software will calculate				
			5 Medicare wages and tips \$10,030.21		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 Zoey Caldwell		Last name Caldwater		Suff.		11 Nonqualified plans		12a See instructions for box 12	
f Employee's address and ZIP code 590 Willow Drive Your City, Your State, Your Zip code			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b			sasc	
			14 Other		12c			sasc	
					12d			sasc	
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

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Unemployment Workforce Commission P.O Box 149137 Your City, Your State, Your Zip		1 Unemployment compensation OMB No. 1545-0120 \$ 6,589.30	20 Form 1099-G	Certain Government Payments Copy 1 For State Tax Department	
		2 State or local income tax refunds, credits, or offsets \$			
PAYER'S TIN 74-2764775	RECIPIENT'S TIN 4XX-XX-XXXX	3 Box 2 amount is for tax year	4 Federal income tax withheld \$		
RECIPIENT'S name Chase Caldwell Street address (including apt. no.) 590 Willow Drive City or town, state or province, country, and ZIP or foreign postal code Your City, Your State, Your Zip		5 RTAA payments \$	6 Taxable grants \$		
		7 Agriculture payments \$	8 Check if box 2 is trade or business income <input type="checkbox"/>		
		9 Market gain \$			
Account number (see instructions)		10a State	10b State identification no.		11 State income tax withheld \$
					\$

Form **1099-G**

www.irs.gov/Form1099G

Department of the Treasury - Internal Revenue Service