



Education Expense

2020 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 Matthew Last Name Hawkins
 Birth Date 7/19/1985 Occupation Laborer
 Can someone else claim the taxpayer as a dependent? Yes _____ No X

Address 1246 Maple St
 City Your city State Your state Zip Code Your zip
 Phone (____) _____

Spouse Information

Spouse First Name Emily Spouse Last Name Hawkins
 Spouse DOB 10/5/1986 Spouse SSN 423-55-8211
 Occupation Laborer
 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 _____ Date _____

Spouse Signature _____ Date _____

Dependent Information

Legal Name	Birth Date	Social Security #	Relationship
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____

Earned Income Amount

What was your earned income as shown on your 2019 return? _____

This is only for new customers and is not required information.

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

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date _____

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

At least one form must be completed for every return

EIC Due Diligence Interview Sheet

Please ask the taxpayer all questions and document the answers.

1. Were you (or spouse) a nonresident alien at any time during the year? Yes No
2. Could you (or spouse) be a qualifying dependent of another person for the year? Yes No
3. Was your main residence in the United States for more than half the year? Yes No

For each dependent, please ask the taxpayer all questions and document the answers.

(Answer questions on a new sheet for each dependent)

Dependent Name _____

Dependent SSN _____

4. Is the taxpayer (or spouse if filing MFJ) the biological parent? Yes No (if no, please answer part a & b)
a. Where is the biological parent? _____
b. Why is the biological parent not claiming the dependent? _____

5. If requested, can you provide proof the dependent lived with you for more than half the year? Yes No
How many months did the dependent live with you during the year? _____

If requested, which of the following can you provide as proof the dependent lived with you?

- School Records Landlord or Property Management Statement Medical Records
 Child Care Provider Statement Placement Agency Statement Social Services Records
 Church Statement Indian Tribal Statement Other _____

(may continue on back)

6. If your child is over 18, are they a college student or have a permanent disability? Yes No

If Yes:

College Attended _____

Disability Type _____

Can you get documentation proving this? Yes No (School Records Doctor Statements)

7. 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

8. If requested, how you can show that you pay **MORE** than 50% of the household bills?

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

(may continue on back)

Do you have any reason that any of the information that was used to determine if the taxpayer is eligible to claim the credit is NOT TRUE? No, if yes, then you should ask additional questions, gather more information, and make notes on the back.

Interviewed By: Your name here Date: Today's date

Taxpayer Signature: Matthew Hawkins Date: Today's date

Spouse Signature: Emily Hawkins Date: Today's date

22222		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN) 76-4663187			1 Wages, tips, other compensation \$12,280		2 Federal income tax withheld \$1,080
c Employer's name, address, and ZIP code ABC ENTERPRISES 2244 WORK LANE Sioux Falls, SD 57104			3 Social security wages \$12,280		4 Social security tax withheld Software will calculate
			5 Medicare wages and tips \$12,280		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.	11 Nonqualified plans
Matthew Hawkins					12a
1246 Maple St					12b
Your town, USA					12c
					12d
f Employee's address and ZIP code					
15 Date	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

Department of the Treasury — Internal Revenue Service

Form **W-2** Wage and Tax Statement
 Copy 1 — For State, City, or Local Tax Department

22222		Employee's social security number		OMB No. 1546-0008					
b Employer identification number (EIN) 76-4663187			1 Wages, tips, other compensation \$31,841		2 Federal income tax withheld \$5,623				
c Employer's name, address, and ZIP code ABC ENTERPRISES 2244 WORK LANE Sioux Falls, SD 57104			3 Social security wages \$31,841		4 Social security tax withheld Software will calculate				
			5 Medicare wages and tips \$31,841		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		Suft.		11 Nonqualified plans		12a	
Emily Hawkins						13		12b	
1246 Maple St						<input type="checkbox"/> Regular employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party stock pay			
Your town, USA						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	

Department of the Treasury—Internal Revenue Service

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

CORRECTED

FILER'S name, street address, city or town, state or province, country, foreign postal code, and telephone number ABC University 550 College Ln Fargo, ND 58102		1 Payments received for qualified tuition and related expenses \$ 6,891	OMB No. 1545-1574 2019 Form 1098-T
FILER'S employer identification no. 26-3372596	STUDENT'S TIN XXX-XX-XXXX	3 If this box is checked, you changed its reporting method for 2018. <input type="checkbox"/>	
STUDENT'S name Matthew Hawkins		4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 1,327
Street address (including apt. no.) 1246 Maple St		6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 includes amounts for an academic period beginning January-March 2019. <input type="checkbox"/>
City or town, state or province, country, and ZIP or foreign postal code Your City, USA			
Service Provider/Acct. No. (see instr.)	8 Check if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimbursement \$

Tuition Statement

Copy B For Student

This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.

Form **1098-T**

Keep for your records

www.irs.gov/Form1098T

Department of the Treasury - Internal Revenue Service