



Marketplace

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 AXX - XX - XXXX Filing Status MFJ
 First Name Simon Last Name Carson
 Birth Date 8 / 15 / 1990 Occupation Laborer
 Can someone else claim the taxpayer as a dependent? Yes _____ No X

Address 501 Park Ave
 City Your city State Your state Zip Code Your zip
 Phone (347) 641 - 0089

Spouse Information

Spouse First Name Teresa Spouse Last Name Carson
 Spouse DOB 1 / 27 / 1991 Spouse SSN 418 - 92 - 1182
 Occupation Homemaker
 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)? \$2,900
 This amount can be found on Notice 1444 from the IRS
 How much was your second stimulus amount (before any offset)? \$1,800
 This amount can be found on Notice 1444-B from the IRS

Number of W-2's 1

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
Victoria	7 / 8 / 2014	422 96 -2278	Daughter
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	

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 Victoria Carson
Dependent SSN 422-96-2278

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? 12

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)

If you are unable to provide any of the information that was used to determine if the taxpayer is eligible to claim the credit, the amount of 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: Simon Carson Date: Today's date

Spouse Signature: Teresa Carson Date: Today's date

22222		* Employee's social security number		OMB No. 1545-0008				
b Employer identification number (EIN) 76-0044512			1 Wages, tips, other compensation \$44,951.65		2 Federal income tax withheld \$5,285.22			
c Employer's name, address, and ZIP code ABC ENTERPRISES 2244 WORK LANE Amherst, NH 03031			3 Social security wages \$44,951.65		4 Social security tax withheld Software will calculate			
			5 Medicare wages and tips \$44,951.65		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		12a
Simon Carson		501 Park Ave		Your town, USA		13 Salary employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b
f Employer's address and ZIP code			14 Other		12c			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

Form **1095-A**

Health Insurance Marketplace Statement

VOID

OMB No. 1545-0042

Department of the Treasury
Internal Revenue Service

Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a.

CORRECTED

2019

Part I Recipient Information

1 Marketplace identifier Use store state abbreviation		2 Marketplace-assigned policy number 1234567	3 Policy issuer's name Blue Cross Blue Shield	
4 Recipient's name Simon Carson		5 Recipient's SSN 4XX-XX-XXXX	6 Recipient's date of birth 8-15-1990	
7 Recipient's spouse's name Teresa Carson		8 Recipient's spouse's SSN 418-92-1182	9 Recipient's spouse's date of birth 1-27-1991	
10 Policy start date 1-1-2019	11 Policy termination date 12-31-2019		12 Street address (including apartment no.)	
13 City or town Your City	14 State or province Your State	15 Country and ZIP or foreign postal code Your Zip		

Part II Covered Individuals

	A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16	Simon Carson	4XX-XX-XXXX	8-15-1990	1-1-2018	12-31-2018
17	Teresa Carson	418-92-1182	1-27-1991	1-1-2018	12-31-2018
18	Victoria Carson	422-96-2278	7-8-2014	1-1-2018	12-31-2018
19					
20					

Part III Coverage information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	\$650	\$650	\$703.50
22 February	\$650	\$650	\$703.50
23 March	\$650	\$650	\$703.50
24 April	\$650	\$650	\$703.50
25 May	\$650	\$650	\$703.50
26 June	\$650	\$650	\$703.50
27 July	\$650	\$650	\$703.50
28 August	\$650	\$650	\$703.50
29 September	\$650	\$650	\$703.50
30 October	\$650	\$650	\$703.50
31 November	\$650	\$650	\$703.50
32 December	\$650	\$650	\$703.50
33 Annual Totals	\$7,800	\$7,800	\$8442

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 681092

Form 1095-A 2019