



# 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 HOH

First Name Laney Last Name Milligan

Birth Date 07/ 19 / 1993 Occupation Laborer

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

Address 570 Hillside Avenue

City Your City State Your State Zip Code Your Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Spouse Information

Spouse First Name \_\_\_\_\_ Spouse Last Name \_\_\_\_\_

Spouse DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse SSN \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_

Can someone else claim the spouse as a dependent? Yes \_\_\_\_\_ No \_\_\_\_\_

## Stimulus Information (Required Information)

How much was your first stimulus amount (before any offset)? \$1,700

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 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 Laney Milligan Date Today

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



**\*\*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: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_  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 can not complete this return.**

Interviewed By: Your name Date Today

Taxpayer Signature: Laney Milligan Date Today

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

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 Olivia Milligan

Dependent SSN 4XX-XX-XXXX

Relationship to Taxpayer Daughter

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: TP has full custody. Father does not qualify to claim child.

Why is the biological father not claiming the child?

Does not qualify to claim child. Does not provided 50% of support

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: Laney Milligan Date Today

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

<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) 73-5302147		1 Wages, tips, other compensation \$40,259.63		2 Federal income tax withheld \$4,428.55		
c Employer's name, address, and ZIP code Dennell Industries Inc. 2870 Henry Street Your City, Your State, Your Zip code		3 Social security wages \$40,259.63		4 Social security tax withheld Software will calculate		
		5 Medicare wages and tips \$40,259.63		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.  Laney Milligan 570 Hillside Avenue 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

9494

VOID  CORRECTED

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  General Company 8850 Green Way Drive Your City, Your State, Your Zip		OMB No. 1545-1517 Form <b>1099-SA</b> (Rev. November 2019) For calendar year 20		<p style="text-align: center;"><b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b></p> <p style="text-align: center;"><b>Copy A For Internal Revenue Service Center File with Form 1096.</b></p> <p style="text-align: center;">For Privacy Act and Paperwork Reduction Act Notice, see the <b>current General Instructions for Certain Information Returns.</b></p>
PAYER'S TIN 58-7746801	RECIPIENT'S TIN 4XX-XX-XXXX	<b>1</b> Gross distribution \$ 355	<b>2</b> Earnings on excess cont. \$	
RECIPIENT'S name Laney Milligan 570 Hillside Avenue Your City, Your State, Your Zip code		<b>3</b> Distribution code 5	<b>4</b> FMV on date of death \$	
Street address (including apt. no.)		<b>5</b> HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code				
Account number (see instructions)				

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