

# PRACTICE – Taxpayer Information Sheet

\*\*\* You must make up a SSN starting with a 4.

Write down the fake SSN so you can track your answers. \*\*\*

## TAXPAYER INFORMATION

First Name Maxwell Last Name Boothe  
SSN 4XX-XX-XXXX DOB 2/26/1987 Occupation Customer Service Rep  
Address 7770 Laurel Drive  
City YOUR CITY State YOUR STATE ZIP Code YOUR ZIP  
Use a **FAKE** number  
Do NOT use store or personal  
Cell # \_\_\_\_\_ Email \_\_\_\_\_

Marital Status on 12/31/2022

Can anyone claim this person as a dependent?

☐ Married ☒ Single, Divorced or Widowed

☐ Yes ☒ No

## SPOUSE INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
SSN \_\_\_\_\_ DOB \_\_\_\_\_ Occupation \_\_\_\_\_

Can anyone claim this person as a dependent?

☐ Yes ☐ No

## REQUIRED INFORMATION

# of W-2's 1 # of 1099 NEC \_\_\_\_\_ Do you have other Income? ☐ Yes ☒ No

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

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

☒ No ☐ Yes If Yes, you are required to provide your 1095A.

Will you be claiming any dependents?

☐ No ☒ Yes How many? 1

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

Taxpayer Signature Maxwell Boothe Date TODAY

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

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

# Dependent Information Sheet

Please have the taxpayer fill out this sheet if they have dependents.

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.

Legal Name	Birth Date	SSN	Relationship
Matthew Booth	10 /29 /2014	4xx-xx-xxxx	<input checked="" type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Other
	/ /	-- --	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Other
	/ /	-- --	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Other
	/ /	-- --	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Other
	/ /	-- --	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Other

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

Taxpayer Signature Maxwell Boothe

Date TODAY

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

Date TODAY

# 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 type="checkbox"/> SS Card Copied
Spouse ID Type		Issuing Agency		<input 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 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 \_\_\_\_\_ YOUR NAME \_\_\_\_\_ Date \_\_\_\_\_

Taxpayer Signature Maxwell Boothe Date TODAY

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

# Dependent Due Diligence Interview Sheet

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 Matthew Booth SSN 4xx-xx-xxxx  
Relationship to Taxpayer(s) Son What proof of relationship can be provided?  
☒ Birth Certificate ☐ Court Record ☐ Form 8832 ☐ Form 1095 B

## Section One: Complete for all dependents.

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: Idaho  
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 cannot claim this dependent

3. How many months did the dependent live with you in the United States during the year? 12

4. What documents can the taxpayer provide as proof that the dependent lived with Taxpayer? (Must show that dependent's address matches taxpayer's address).

☒ School Records ☒ Medical Records ☐ Social Service Records ☐ Lease ☐ 1095B (address must match)

5. Does anyone else qualify to claim this dependent? ☐ Yes ☒ No

**If Yes**, under Tie Breaker rules is this dependent a qualifying child of the taxpayer?

☐ Yes ☐ No **If No**, the taxpayer cannot claim this dependent

## Section Two: Complete for dependent children **OVER** the age of 18.

1. If your child is over 18, are they a full-time student? ☐ Yes: School Name: \_\_\_\_\_ ☐ No

If Yes, can documentation be provided to show the dependent was a full time student for at least 5 months?

☐ Yes ☐ No **If No**, the taxpayer cannot claim this dependent as a student.

If Yes, do the records show dates of attendance?

☐ Yes ☐ No **If No**, the taxpayer cannot claim this dependent as a student

2. If your child is over 18, are they a totally and permanently disabled? ☐ Yes ☐ No

Disability Type: \_\_\_\_\_

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

**As the tax preparer, do you have any reason to believe 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**, ask additional questions, gather more information, and document responses on the back of this form

Interviewer Signature YOUR NAME Date \_\_\_\_\_  
Taxpayer Signature Maxwell Boothe Date TODAY  
Spouse Signature \_\_\_\_\_ Date TODAY

<b>22222</b>		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) 72-0879456				1 Wages, tips, other compensation \$39,910.70		2 Federal income tax withheld \$4,390.17	
c Employer's name, address, and ZIP code  David's Furniture 1709 Pearl Street Your City, Your State, Your Zip code				3 Social security wages \$39,910.70		4 Social security tax withheld Software will calculate	
				5 Medicare wages and tips \$39,910.70		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.  Maxwell Boothe 7770 Laurel Drive 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	
						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