

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 Lauren Last Name Renacci
SSN 4XX-XX-XXXX DOB 05/30/1986 Occupation Ride Attendant
Address 8773 Harrison 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 Mason Last Name Renacci
SSN 4XX-XX-XXXX DOB 01/23/1990 Occupation Cashier

Can anyone claim this person as a dependent?

☐ Yes ☒ No

REQUIRED INFORMATION

of W-2's 2 # 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? _____

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

Taxpayer Signature Lauren Renacci Date TODAY

Spouse Signature Mason Renacci Date TODAY

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

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	Driver's License	Issuing Agency	YOUR STATE	<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 Lauren Renacci Date TODAY

Spouse Signature Mason Renacci 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) 74-0987650				1 Wages, tips, other compensation \$9,500.88		2 Federal income tax withheld \$1,045.09	
c Employer's name, address, and ZIP code Harold Heart of Fun 1 Canterbury Lane Your City, Your State, Your Zip code				3 Social security wages \$9,500.88		4 Social security tax withheld Software will calculate	
				5 Medicare wages and tips \$9,500.88		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. Lauren Renacci 8773 Harrison 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	
						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.)

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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) 74-5543212				1 Wages, tips, other compensation \$10,876.21		2 Federal income tax withheld \$1,196.38	
c Employer's name, address, and ZIP code Cal's Car Wash 123 Edgewood Drive Your City, Your State, Your Zip code				3 Social security wages \$10,876.21		4 Social security tax withheld Software will calculate	
				5 Medicare wages and tips \$10,876.21		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 Last name Suff. Mason Renacci 8773 Harrison 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	
						12d	
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15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
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(See Notice to Employee on the back of Copy B.)

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Department of the Treasury—Internal Revenue Service