



Prior Year Request

Fax To 678-807-5262

Request for Year 20 _____

EFIN

Branch #

Your Name and Fax #

Taxpayer Name and SSN

Reason for this Request

Instructions: Please fax this cover sheet, the Taxpayer Information Sheet, Due Diligence Sheets, Healthcare Information Sheet, all income forms (W-2's, 1099's, etc.), and all relevant supporting documents (Self-Employed Due Diligence Interview Sheet, Itemized Deduction Expense Sheet, etc.) with this request.

We cannot begin processing this request unless we have all the above information.
Please do not fax anything to this number but amendments and prior year return requests.



20__ 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 _____ - _____ - _____ Filing Status _____

First Name _____ Last Name _____

Birth Date ____/____/____ Occupation _____

Can someone else claim the taxpayer as a dependent? Yes _____ No _____

Address _____

City _____ State _____ 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 _____

Dependent Information

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

*If there are more than three dependents please complete a second information sheet with the information.

Number of W-2's _____

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** **NO** (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 _____

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

****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: _____ Issuing Agency: _____ 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 can not 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: _____ Date _____
Taxpayer Signature: _____ Date _____
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 _____

Dependent SSN _____

Relationship to Taxpayer _____

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: _____

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 can not claim this dependent)

How many months did the dependent live with you in the United States during the year? _____

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: _____ **Date** _____

Taxpayer Signature: _____ **Date** _____

Spouse Signature: _____ **Date** _____



HEALTH INSURANCE INTERVIEW SHEET

Taxpayer name: _____

Social Security number: _____

******If anyone had Marketplace health insurance you must include the 1095-A information on the return.******

Information about everyone listed on the return (Please use additional sheets if needed):

Name	When was the person covered? (Circle ONE)	If only covered part of the year, please circle months this person <u>HAD</u> health insurance	Circle who the policy was through Taxpayer will need to provide correct 1095 form for file
Taxpayer:	All Year Part Year None	Jan Feb Mar April May June July Aug Sept Oct Nov Dec	Employer – 1095-B or C Marketplace – 1095-A Medicaid – 1095-B Medicare – 1095-B
Spouse:	All Year Part Year None	Jan Feb Mar April May June July Aug Sept Oct Nov Dec	Employer – 1095-B or C Marketplace – 1095-A Medicaid – 1095-B Medicare – 1095-B
Dependent:	All Year Part Year None	Jan Feb Mar April May June July Aug Sept Oct Nov Dec	Employer – 1095-B or C Marketplace – 1095-A Medicaid – 1095-B Medicare – 1095-B
Dependent:	All Year Part Year None	Jan Feb Mar April May June July Aug Sept Oct Nov Dec	Employer – 1095-B or C Marketplace – 1095-A Medicaid – 1095-B Medicare – 1095-B
Dependent:	All Year Part Year None	Jan Feb Mar April May June July Aug Sept Oct Nov Dec	Employer – 1095-B or C Marketplace – 1095-A Medicaid – 1095-B Medicare – 1095-B

For taxpayer's with **Marketplace** health insurance:

1. Did you pay for Marketplace health care coverage for anyone NOT listed above? **YES NO**
2. If there is anyone on the 1095-A that is not listed on the return, please complete the Shared Allocation worksheet.

Exemptions: In order to claim an exemption other than Native American, the taxpayer will need to provide you with the letter they received from the Marketplace. Keep a copy of the letter in the taxpayer's file.

I, the undersigned, hereby certify that all the information provided on this form is true and correct.

Taxpayer signature: _____ **Date:** _____