Prior Year Request Coversheet

Fax To: 678-807-5262

Please do not fax anything to this number but Amendments and Prior Year requests.

Complete all boxes in this section	Branch #	Your Name	Office Fax #

Taxpayer Name	Taxpayer SSN
	_ _

Select the Tax Year for this request:

- ☐ **2022**
- ☐ **2021**
- ☐ **2020**
- ☐ **Other: _____**

INSTRUCTIONS:

Please include the following (check the forms included):

- ☐ Taxpayer Information Sheet
- ☐ EIC Due Diligence Sheet
- ☐ Dependent Information Sheet (if applicable)
- ☐ Dependent Due Diligence Interview Sheet (if applicable)
- ☐ Health Insurance Interview Sheet (Required for Tax Years 2014-2018)
- ☐ All Income Forms
- ☐ All relevant supporting documents

We cannot begin processing this request unless we have all the above information.

Cash/Check receipt # Debit transaction/Ref #_____

No payment required _____

20____ Taxpayer Information Sheet

Please have the taxpayer fill out this sheet correctly and legibly to ensure a quick and accurate refund. Double check all information. The spelling of all names and social security numbers should match what is on the social security cards.

Taxpayer Information

First Name _____ **Last Name** _____

SSN ___ - ___ - ____ **DOB** ___ / ___ / ____ **Occupation** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Cell Phone ___ - ___ - ____ **Email** _____ @ _____

Marital Status on 12/31

☐ Married ☐ Single, Divorced, or Widowed

Can anyone claim this person as a dependent?

☐ 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 _____ **# of 1099 NEC** _____ **Do you have any other income?** ☐ No ☐ Yes

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.

If this is for Tax Year 2020 -

- How much was your first stimulus (EIP1) amount (before any offset)? _____
- How much was your second stimulus (EIP2) amount (before any offset)? _____

If this is for Tax Year 2021 -

- How much was your third stimulus (EIP3) amount (before any offset)? _____
- Did you receive any advance CTC payments? ☐ No ☐ Yes, in the amount of $ _____

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

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date _____

***** SUN LOAN EMPLOYEE WILL COMPLETE DUE DILIGENCE INTERVIEW SHEET*****

Accurate Tax Solutions

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
	/ /	- -	○ Son ○ Daughter ○ Grandchild ○ Parent ○ Grandparent ○ Brother ○ Sister ○ Niece ○ Nephew ○ Other
	/ /	- -	○ Son ○ Daughter ○ Grandchild ○ Parent ○ Grandparent ○ Brother ○ Sister ○ Niece ○ Nephew ○ Other
	/ /	- -	○ Son ○ Daughter ○ Grandchild ○ Parent ○ Grandparent ○ Brother ○ Sister ○ Niece ○ Nephew ○ Other
	/ /	- -	○ Son ○ Daughter ○ Grandchild ○ Parent ○ Grandparent ○ Brother ○ Sister ○ Niece ○ Nephew ○ Other
	/ /	- -	○ Son ○ Daughter ○ Grandchild ○ Parent ○ Grandparent ○ Brother ○ Sister ○ Niece ○ Nephew ○ Other

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

Taxpayer Signature ____ **Date** ______________________

Spouse Signature ____**Date** ______________________

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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 _____ Issuing Agency _____ ☐ SS Card Copied

Spouse ID Type _____ Issuing Agency _____ ☐ 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 be provided to 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 _____ Date _____

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date _____

****SUN LOAN EMPLOYEE WILL COMPLETE DUE DILIGENCE INTERVIEW SHEET****

Accurate Tax Solutions

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 _____ SSN ___ - ___ - ___

Relationship to Taxpayer _____

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: _____ 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? _____

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 _____ Date _____

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date _____

Accurate Tax Solutions

HEALTH INSURANCE INTERVIEW SHEET

REQUIRED FOR ALL TAX RETURNS FOR TAX YEARS 2014-2018

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 HAD 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:________________