



Schedule C #2

# 2020 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 AXX-XX-XXXX Filing Status HOH  
 First Name Lily Last Name Thompson  
 Birth Date 12/10/1982 Occupation Corporate Janitor  
 Can someone else claim the taxpayer as a dependent? Yes \_\_\_\_\_ No X

Address 1853 Central Ave  
 City Your city State Your state Zip Code Your zip  
 Phone ( Area ) 417-7009

## 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 \_\_\_\_\_

Number of 1099 Income forms \_\_\_\_\_

Do you have other Income? (Circle one) YES NO What kind? Cash income

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

NO 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 \_\_\_\_\_ Date \_\_\_\_\_

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

### Dependent Information

| Legal Name    | Birth Date         | Social Security #  | Relationship |
|---------------|--------------------|--------------------|--------------|
| Anne Thompson | 9 / 22 / 2015      | 6008 11 - 4050     | Daughter     |
| _____         | ____ / ____ / ____ | ____ - ____ - ____ | _____        |
| _____         | ____ / ____ / ____ | ____ - ____ - ____ | _____        |
| _____         | ____ / ____ / ____ | ____ - ____ - ____ | _____        |
| _____         | ____ / ____ / ____ | ____ - ____ - ____ | _____        |
| _____         | ____ / ____ / ____ | ____ - ____ - ____ | _____        |

### Earned Income Amount

What was your earned income as shown on your 2019 return? \_\_\_\_\_

\*This is only for new customers and is not required information.\*

***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\*\***

\*\*\*At least one form must be completed for every return\*\*\*

## EIC Due Diligence Interview Sheet

Please ask the taxpayer all questions and document the answers.

1. Were you (or spouse) a nonresident alien at any time during the year?  Yes  No
2. Could you (or spouse) be a qualifying dependent of another person for the year?  Yes  No
3. Was your main residence in the United States for more than half the year?  Yes  No

For each dependent, please ask the taxpayer all questions and document the answers.

(Answer questions on a new sheet for each dependent)

Dependent Name Anne Thompson  
Dependent SSN 608-11-4050

4. Is the taxpayer (or spouse if filing MFJ) the biological parent  Yes  No (if no, please answer part a & b)
  - a. Where is the biological parent? \_\_\_\_\_
  - b. Why is the biological parent not claiming the dependent? \_\_\_\_\_
5. If requested, can you provide proof the dependent lived with you for more than half the year?  Yes  No  
How many months did the dependent live with you during the year? 12

If requested, which of the following can you provide as proof the dependent lived with you?

- School Records  Landlord or Property Management Statement  Medical Records  
 Child Care Provider Statement  Placement Agency Statement  Social Services Records  
 Church Statement  Indian Tribal Statement  Other \_\_\_\_\_

(may continue on back)

6. If your child is over 18, are they a **college student** or have a **permanent disability**?  Yes  No

If Yes:

College Attended \_\_\_\_\_  
Disability Type \_\_\_\_\_

Can you get documentation proving this?  Yes  No ( School Records  Doctor Statements)

7. 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

8. If requested, how you can show that you pay **MORE** than 50% of the household bills?

- Utility Bills  Property Tax Bill  Grocery Receipts  Rent Receipt or Mortgage Interest  
 Maintenance or Repair Bills  Other Household Bills \_\_\_\_\_

(may continue on back)

Be sure to ask the taxpayer that any of the information that was used to determine if the taxpayer is eligible to claim the credit is **NOT TRUE**?  No, if yes then you should ask additional questions, gather more information, and make notes on the back.

Interviewed By: Your name here Date: Today's date

Taxpayer Signature: Lily Thompson Date: Today's date

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



## 2019 Schedule C/Self Employment Checklist

Taxpayer name: Lily Thompson

Social Security number: 4XX-XX-XXXX

The following forms are needed for **EVERY** supporting documentation submission. These forms are required for anyone with Schedule C income or a 1099MISC with income in box 7. If **ANY** of these are missing or incomplete, ATS will not be able to review or process any part of the return.

- Completed & Signed Schedule C Interview Worksheet
- Completed & Signed Schedule C Worksheet
- Proof of ALL income and expenses (categorized, organized, and totaled).  
\*Income and expenses cannot be taxpayer created but must be verifiable through a third party. (i.e. receipts, cashed checks, etc.)
- ALL 1099MISC forms (if they received any)
- This completed form
- Completed Supporting Documentation Cover Sheet

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The following forms are common items the taxpayer may have. Please check the boxes below of all the forms that apply to this taxpayer.

- Mileage Log (if they are claiming mileage, they must have a mileage log that includes the following: date of trip, reason for trip, starting odometer reading, ending odometer reading)
- Completed Auto Expense Worksheet if claiming mileage or auto expenses
- If the taxpayer maintains inventory (food trucks, Mary Kay, etc.)  
Beginning inventory \$ \_\_\_\_\_ Ending inventory \$ \_\_\_\_\_
- Other forms: \_\_\_\_\_

Preparer Name: Your name EFIN Your store EFIN

Sun Loan store phone number: Your Store phone number



## 2019 Schedule C Interview Worksheet

**Documentation must be legible and submitted in the correct format for ATS to process the return. Failure to submit complete documentation in the correct format will result in our inability to review or process any part of this return. To be considered complete questions #1 - #7 must be answered and the form signed for all self-employed taxpayers including taxpayers who received 1099-MISC forms with income listed in box 7.**

1. Taxpayer Name: Lily Thompson  
2. Social Security Number 4XX-XX-XXXX

3. Please provide a description the taxpayer's business (type of work, product sold, service provided, where your business is conducted, etc.) Corporate Janitor

4. How long has the taxpayer owned this business or done this job? 5 years

5. Can the taxpayer provide any documents to substantiate your business?  Yes  No (If NO we would be unable to prepare this return)

Check all that apply

Advertisements  Business License  Business Stationary  Invoices

Receipts/Receipt Book  Business Quotes  Business Cards

Business Insurance  Other - please describe: \_\_\_\_\_

6. Who maintains the business records? Lily Thompson

7. What records of income and expenses were provided? Check all that apply

Accounting Records  1099-MISC  Car/Truck Expenses

Paid Invoices  Ledgers/Log books  Computer records

Business bank accounts  Suppliers (names and addresses)

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

Taxpayer Signature: Lily Thompson Date: Today

Employee signature: ***I verify the taxpayer provided the above documents.***

Your signature Date: Today

**YOU MUST COMPLETE SCHEDULE C WORKSHEET**



## 2019 Schedule C Worksheet

**Documentation must be legible and submitted in the correct format for ATS to process the return. Failure to submit complete documentation in the correct format will result in our inability to review or process any part of this return.**

Taxpayer name Lily Thompson

Social Security number 4XX-XX-XXXX

Type of business Corporate Janitor

**Income:**

Total income listed on all 1099-MISC forms in box 7 (if any). \$ \_\_\_\_\_

Gross receipts/sales – direct income not reported on a 1099-MISC....\$ 18,400

**Expenses:** (Sun Loan employee must initial next to each box to confirm supporting documentation was received from the taxpayer.)

|                                     |  |                 |
|-------------------------------------|--|-----------------|
| <input type="checkbox"/>            | Advertising.....   | \$ _____        |
| <input type="checkbox"/>            | Contract Labor – total amount the taxpayer paid to any worker(s)..       | \$ _____        |
| <input type="checkbox"/>            | Business Insurance – workman’s comp, liability, etc.....                 | \$ _____        |
| <input type="checkbox"/>            | Office expenses – software, cell phones, etc.....                        | \$ _____        |
| <input checked="" type="checkbox"/> | Supplies – paper, pens, printer ink, etc.....                            | \$ <u>1,873</u> |
| <input type="checkbox"/>            | Business taxes and Licenses.....   | \$ _____        |
| <input type="checkbox"/>            | Business travel – lodging.....   | \$ _____        |
| <input type="checkbox"/>            | Meals.....   | \$ _____        |
| <input type="checkbox"/>            | Other Expenses: please describe and use the back of this sheet if needed |                 |
|                                     | _____  | \$ _____        |
|                                     | _____  | \$ _____        |

If you have car and/or truck expenses, please complete the Auto Expense Worksheet

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

Taxpayer Signature: Lily Thompson Date: Today

Employee Signature: ***I verify that the taxpayer provided the above documentation.***

Your signature Date: Today

**Complete the Taxpayer Schedule C Interview Worksheet**

Lily Thompson provided the following business card as proof of her business.



Sample - For Training Purposes Only

Lily Thompson provided the following receipts to prove her business expenses.

| Bulk Supply Mart                |          |
|---------------------------------|----------|
| Thank you for shopping with us! |          |
| 1-2-2019                        |          |
| <hr/>                           |          |
| Cleaning solution               | \$392    |
| Disinfectant wipes              | \$272    |
| Cleaning cloths                 | \$156    |
| Sub Total                       | \$820    |
| Sales tax                       | \$69.32  |
| Total                           | \$889.32 |
| Cash Tendered                   | \$900.00 |
| Change                          | \$10.68  |
| No returns without receipt.     |          |
| THANK YOU!                      |          |

| Bulk Supply Mart                |            |
|---------------------------------|------------|
| Thank you for shopping with us! |            |
| 7-13-2019                       |            |
| <hr/>                           |            |
| Cleaning solution               | \$476      |
| Mop bucket                      | \$130      |
| Garbage bags                    | \$96       |
| Wiffer duster refills           | \$205      |
| Sub Total                       | \$907      |
| Sales Tax                       | \$76.68    |
| Total                           | \$983.68   |
| Cash Tendered                   | \$1,000.00 |
| Change                          | \$16.32    |
| No returns without receipt.     |            |
| THANK YOU!                      |            |



# Money Bank USA

## Year End Deposit Statement 2019

Account Holder: Lily Thompson

Account Number: \*8558

| Deposit Date    | Deposit Amount | Deposit Date   | Deposit Amount |
|-----------------|----------------|----------------|----------------|
| <u>Jan 6</u>    | <u>\$368</u>   | <u>Sept 1</u>  | <u>\$368</u>   |
| <u>Jan 13</u>   | <u>\$368</u>   | <u>Sept 8</u>  | <u>\$368</u>   |
| <u>Jan 20</u>   | <u>\$368</u>   | <u>Sept 15</u> | <u>\$368</u>   |
| <u>Jan 27</u>   | <u>\$368</u>   | <u>Sept 22</u> | <u>\$368</u>   |
| <u>Feb 3</u>    | <u>\$368</u>   | <u>Sept 29</u> | <u>\$368</u>   |
| <u>Feb 10</u>   | <u>\$368</u>   | <u>Oct 6</u>   | <u>\$368</u>   |
| <u>Feb 17</u>   | <u>\$368</u>   | <u>Oct 13</u>  | <u>\$368</u>   |
| <u>Feb 24</u>   | <u>\$368</u>   | <u>Oct 20</u>  | <u>\$368</u>   |
| <u>March 3</u>  | <u>\$368</u>   | <u>Oct 27</u>  | <u>\$368</u>   |
| <u>March 10</u> | <u>\$368</u>   | <u>Nov 3</u>   | <u>\$368</u>   |
| <u>March 17</u> | <u>\$386</u>   | <u>Nov 10</u>  | <u>\$368</u>   |
| <u>March 24</u> | <u>\$368</u>   | <u>Nov 17</u>  | <u>\$368</u>   |
| <u>March 31</u> | <u>\$368</u>   | <u>Nov 24</u>  | <u>\$368</u>   |
| <u>April 7</u>  | <u>\$368</u>   | <u>Dec 1</u>   | <u>\$368</u>   |
| <u>April 14</u> | <u>\$368</u>   | <u>Dec 8</u>   | <u>\$368</u>   |
| <u>April 21</u> | <u>\$368</u>   | <u>Dec 15</u>  | <u>\$368</u>   |
| <u>April 28</u> | <u>\$368</u>   | <u>Dec 29</u>  | <u>\$368</u>   |
| <u>May 5</u>    | <u>\$368</u>   |                |                |
| <u>May 12</u>   | <u>\$368</u>   |                |                |
| <u>May 19</u>   | <u>\$368</u>   |                |                |
| <u>May 26</u>   | <u>\$368</u>   |                |                |
| <u>June 2</u>   | <u>\$368</u>   |                |                |
| <u>June 9</u>   | <u>\$368</u>   |                |                |
| <u>June 16</u>  | <u>\$368</u>   |                |                |
| <u>June 23</u>  | <u>\$368</u>   |                |                |
| <u>June 30</u>  | <u>\$368</u>   |                |                |
| <u>July 7</u>   | <u>\$368</u>   |                |                |
| <u>July 14</u>  | <u>\$368</u>   |                |                |
| <u>July 21</u>  | <u>\$368</u>   |                |                |
| <u>July 28</u>  | <u>\$368</u>   |                |                |
| <u>Aug 3</u>    | <u>\$368</u>   |                |                |
| <u>Aug 10</u>   | <u>\$368</u>   |                |                |
| <u>Aug 17</u>   | <u>\$368</u>   |                |                |
| <u>Aug 24</u>   | <u>\$368</u>   |                |                |

Deposit Total for 2019

\$18,400