



Social Security

# 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 4xx xy -xxxx Filing Status Single  
 First Name George Last Name Fisher  
 Birth Date 2 / 15 / 1952 Occupation Grocery Store Clerk  
 Can someone else claim the taxpayer as a dependent? Yes \_\_\_\_\_ No X

Address 9922 Peach St.  
 City Your city State Your state Zip Code Your zip  
 Phone (678) 445-6987

## 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)? \$1,200

This amount can be found on Notice 1444 from the IRS

How much was your second stimulus amount (before any offset)? \$600

This amount can be found on Notice 1444-B from the IRS

Number of W-2's 1

Number of 1099 Income forms 1

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)

(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
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____

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

Dependent SSN \_\_\_\_\_

4. Is the taxpayer (or spouse if filing MFI) 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? \_\_\_\_\_

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)

Do you have any reason 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                     Date           Today's date          

Taxpayer Signature:           George Fisher           Date           Today's date          

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

22222		Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN) 24-8852125		1 Wages, tips, other compensation \$ 22,917		2 Federal income tax withheld \$ 3,461	
c Employer's name, address, and ZIP code  US SUPERMARKETS 1158 CAPITAL STREET Saint Paul, MN 55101		3 Social security wages \$ 22,917		4 Social security tax withheld Software will calculate	
		5 Medicare wages and tips \$ 22,917		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  George Fisher  9922 Peach Street  Your town, USA		11 Nonqualified plans		12a	
		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

Department of the Treasury — Internal Revenue Service

Form **W-2** Wage and Tax Statement  
Copy 1 — For State, City, or Local Tax Department

**FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT**

**20XX.** \* PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name George Fisher	Box 2. Beneficiary's Social Security Number 4XX-XX-XXXX	
Box 3. Benefits Paid in 20XX	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits \$20,115

DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4
	Box 6. Voluntary Federal Income Tax Withholding
	Box 7. Address George Fisher 9922 Peach Street Your City, Your State, Your Zip
	Box 8. Claim Number (Use this number if you need to contact SSA.)

**Sample document - Subject to Change**