



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 544 - XX - XXXX Filing Status HOH

First Name BEN Last Name HOGAN

Birth Date 7 / 3 / 1983 Occupation _____

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

Address 123 SOUTH MAIN

City ST. LOUIS State MO Zip Code 63131

Phone (314) 867 - XXXX

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)? \$1700

This amount can be found on Notice 1444 from the IRS

How much was your second stimulus amount (before any offset)? \$1200

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

Number of W-2's 1

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)

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 BEN HOGAN Date 8/13/21

Spouse Signature _____ Date _____

Dependent Information

Legal Name	Birth Date	Social Security #	Relationship
<u>THOMAS HOGAN</u>	<u>6 / 4 / 15</u>	<u>576- 54 - XXXX</u>	<u>SON</u>
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____

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 BEN HOGAN Date 8/13/21

Spouse Signature _____ Date _____

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

22222		a Employee's social security number 544-55-XXXX		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) 58-1111111		1 Wages, tips, other compensation \$23,000		2 Federal income tax withheld \$2300			
c Employer's name, address, and ZIP code TEST INC 923 SOUTH MAIN ST. LOUIS MO 63131		3 Social security wages \$23,000		4 Social security tax withheld Software will calculate			
		5 Medicare wages and tips \$23,000		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. BEN HOGAN		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <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	
MO	786545786543	\$23,000	\$1700				

Form **W-2** Wage and Tax Statement
 Copy C—For EMPLOYEE'S RECORDS
 (See Notice to Employee on the back of Copy B.)

20XX

Department of the Treasury—Internal Revenue Service