



Truck Driver

# 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 - XX - XXXX Filing Status MFJ  
 First Name Philip Last Name Washington  
 Birth Date 6 / 11 / 1985 Occupation Truck Driver  
 Can someone else claim the taxpayer as a dependent? Yes \_\_\_\_\_ No X

Address 42 Seventh St.  
 City Alpharetta State GA Zip Code 30005  
 Phone ( 909 ) 505 - 9228

## Spouse Information

Spouse First Name Jean Spouse Last Name Washington  
 Spouse DOB 04 / 17 / 1984 Spouse SSN 455 - 11 - 6353  
 Occupation \_\_\_\_\_  
 Can someone else claim the spouse as a dependent? Yes \_\_\_\_\_ No X

## Stimulus Information (Required Information)

How much was your first stimulus amount (before any offset)? \$2,400  
 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 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)

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.

- Were you (or spouse) a nonresident alien at any time during the year?  Yes  No  
Could you (or spouse) be a qualifying dependent of another person for the year?  Yes  No  
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 \_\_\_\_\_

- 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? \_\_\_\_\_  
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)

- 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 )

- 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 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 EIC or to compute the amount of 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 Signature \_\_\_\_\_ Date Today's date

Taxpayer Signature: Philip Washington \_\_\_\_\_ Date Today's date

Spouse Signature: Joan Washington \_\_\_\_\_ Date Today's date

22222		Employee's social security number		OMB No. 1545-0008				
b Employer identification number (EIN) 22-2159147			1 Wages, tips, other compensation \$37,852.37		2 Federal income tax withheld \$8,546			
c Employer's name, address, and ZIP code  Golden Care Nursing 179 Merritt Drive Beaverton, OR 97005			3 Social security wages \$37,852.37		4 Social security tax withheld Software will calculate			
			5 Medicare wages and tips \$37,852.37		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.		11 Nonqualified plans		12a
Joan Washington						13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b
42 Seventh Ave						14 Other		12c
Alpharetta, GA 30005								12d
f Employer's address and ZIP code			15 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
16 State Employer's state ID number								

Department of the Treasury - Internal Revenue Service

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



## 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 Philip Washington

Social Security number 4XX-XX-XXXX

Type of business Over the road truck driver

### Income:

Total income listed on all 1099-MISC forms in box 7 (if any). \$ 58,729

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

**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 type="checkbox"/>	Supplies – paper, pens, printer ink, etc.....	\$ _____
<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: Philip Washington Date: Today

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

Your signature Date: Today

Complete the Taxpayer Schedule C Interview Worksheet



## 2019 Schedule C/Self Employment Checklist

Taxpayer name: Philip Washington

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: Truck Driver Worksheet

Preparer Name: Your name EFIN Your store EFIN

Sun Loan store phone number: Your store phone number



## 2019 TRUCK DRIVER WORKSHEET

\*\*\* W-2 truck drivers cannot deduct per diem. \*\*\*

Taxpayer name: Philip Washington

Social security number: XXX-XX-XXXX

Taxpayer will initial box if 1099-MISC was issued

PW

I received a 1099-MISC for my truck driver wages  
(report expenses on Schedule C - business code 484120)

### Truck Driver Per Diem:

Number of Days on the road overnight \_\_\_\_\_ times \$63 = \_\_\_\_\_ total meal per diem.

### Out of Pocket Expenses:

Showers.....\$ \_\_\_\_\_  
Tolls/Parking.....\$ \_\_\_\_\_  
Office supplies (log books, clip boards, pens etc.)...\$ \_\_\_\_\_  
Small tools (less than \$500 each).....\$ \_\_\_\_\_  
Safety equipment/clothing/first aid supplies.....\$ \_\_\_\_\_  
Truck wash/cleaning supplies.....\$ \_\_\_\_\_  
Load expenses (bungee cords, locks, wide load flags, etc).....\$ \_\_\_\_\_

\*\*\*\*Do not include any entertainment expenses (internet, TV subscriptions, etc.)  
Those items are included in meals/entertainment per diem\*\*\*\*

### Other expenses: (please include brief description):

HASMAT Training .....\$ 4,500  
CDL License Renewal .....\$ 50

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

Taxpayer signature:

Philip Washington

Date: Today's Date



## 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: Philip Washington  
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.) Over the road truck driver

4. How long has the taxpayer owned this business or done this job? 3 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? \_\_\_\_\_

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: Philip Washington Date: Today

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

Your signature Date: Today

**YOU MUST COMPLETE SCHEDULE C WORKSHEET**





**\*\*\*The following information is for instructional purposes only. These are samples only. For a real return the taxpayer would provide you with supporting documents.\*\*\***

Philip Washington provided the following documents given to him by Champion Trucking:

2019 Year End Accounting Report which includes:

- Total of loaded miles
- Total of empty miles
- Total of all miles
- Total trips
- Per Diem (Days Out)
- Total pay

Champion Trucking also provided the taxpayer with:

- 1099-MISC
- GPS mileage statement

The taxpayer also submitted his personal mileage log, the paid receipt for his license expenses, and a copy of his paid school receipt.

CORRECTED (if checked)

PAYEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>CHAMPION TRUCKING</b> <b>159 MAIN STREET</b> <b>BEAVERTON, OR 97005</b>		OMB No. 1545-0118  <b>2020</b>  Form <b>1099-NEC</b>		<b>Nonemployee Compensation</b>  <b>Copy B</b> <b>For Recipient</b>	
		<b>1 Nonemployee compensation</b> <b>\$ 58,729</b>			
PAYER'S TIN  <b>76-2252663</b>	RECIPIENT'S TIN  <b>4XX-XX-XXXX</b>			This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name <b>PHILLIP WASHINGTON</b>					
Street address (including apt. no.) <b>42 7TH AVE.</b>		<b>4 Federal income tax withheld</b> <b>\$</b>			
City or town, state or province, country, and ZIP or foreign postal code <b>YOUR CITY, YOUR STATE, YOU ZIP</b>					
		FATCA filing requirement <input type="checkbox"/>			
Account number (see instructions)		<b>6 State tax withheld</b> <b>\$</b>	<b>6 State/Payer's state no.</b>	<b>7 State income</b> <b>\$</b>	

Form **1099-NEC**

(keep for your records)

[www.irs.gov/Form1099NEC](http://www.irs.gov/Form1099NEC)

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