

Taxpayer Questionnaire

PERSONAL INFORMATION

Primary Taxpayer

First Name:	Last Name:	M.I.:
S.S.N. :	Birthdate:	Taxpayer's PIN:
Home Phone:	Work Phone:	Cell Phone:
Occupation:	Dependant on another return? Yes No	Legally Blind? Disabled?
Email Address:	Text Message Yes No	Cell Phone Carrier

Filing Status (Circle which Status number applies)

1 = Single

If: You were NOT married on or before December 31, 2013
Your dependents lived with you less than 6 months during the year.

2 = Married Filing Joint

If: You were married as of December 31, 2013 or your spouse died during 2013.

3 = Married Filing Separate

If: You were married on or before December 31, 2013 and your spouse is filing a tax return using this filing status.

* If **MFS**, did you live together at ANY time during the tax year? Yes No
If yes, did you live together during the final 6 months? Yes No

* If **MFS**, did your spouse itemize his/her deductions? Yes No
NOTE: If spouse itemized deductions, taxpayer must also itemize deductions.

4 = Head of Household

If: You were NOT married as of December 31, 2013
Your child, foster child, or grandchild lived with you more than 6 months.

5 = Qualified Widow(er)

If: Your spouse died during either 2011 or 2012, and
Your child, stepchild or foster child lived with you for 12 months in 2013.

Spouse

First Name:	Last Name:	M.I.:
S.S.N. :	Birthdate:	Spouse's PIN:
Home Phone:	Work Phone:	Cell Phone:
Occupation:	Dependant on another return? Yes No	Legally Blind? Disabled?

Address

Care-of (or additional) Address Information

Street Address:	Apt. #:
City:	State: Zip Code:
Military Address Info:(1=APO/FPO, 2=Stateside, 3=Foreign or Blank)	Combat Zone:

Bank Information

(for Direct Deposit into Taxpayers Personal Acct.)

Bank Name:	Account Type: Savings Checking
Routing Number:	Account Number:
Will this refund go to an account outside of the US?	Yes No

DEPENDENTS							
First Name	Last Name	Birthdate	SSN	Relationship	# of Months	Dep. Code	EIC
Children who lived with you and are being claimed on another return							
Non Dependents claimed for EIC and Disabled person's dependent care expenses							
Enter the dependents name, birthdate, SSN, Relationship, number of months lived with the taxpayer, starting with the youngest dependent. Refer to the information below for Dep. and EIC Codes.							
Dependent Codes 1 = Lived with Taxpayer 2 = Lived Elsewhere 3 = Taxpayer's parent 4 = Other Dependent				EIC Codes E = Eligible as of December 31, 2013, under the age of 19 S = Student as of December 31, 2013, under the age of 24 and full-time student D = Disabled as of December 31, 2013, Permanently & totally disabled, at any age K = Qualifying Child was Kidnapped N = Not eligible			
CHILD TAX AND EARNED INCOME CREDIT							
This Information is included in the Dependents Table above Number of Children under age 17 (CTC) Number of Children under age 19 (EIC) Number of Children between age 17 & 24, full time student (EIC) Number of Children Totally Disabled (EIC) Include Form 8862 - Information to Claim EIC After Disallowance?							
					Yes		No
Total Amount Paid:	CHILD CARE CREDIT					Number Cared for:	
A. If married, did both, Taxpayer and Spouse work during the time of dependent care? Yes No B. If no to A, was Taxpayer or Spouse disabled or a full-time student for more than 5 months? ____ No ____ Yes, Disabled ____ Yes, Student If no to A and B, this return is not eligible for dependent care credit							
Care Provider #1 Information							
Name				____ SSN or ____ EIN			
Address					Amount Paid		
					\$		
Care Provider #2 Information							
Name				____ SSN or ____ EIN			
Address					Amount Paid		
					\$		
DEPENDENT CARE EXPENSES							
List dependents cared for							
First Name	Last Name	SSN		Expenses			
				\$			
				\$			
				\$			
				\$			

EARNED INCOME CREDIT			
Part I: Qualifications			
Could you, or your spouse if filing jointly, be considered a "Qualifying Child" on another persons tax return during tax year 2013?		Yes	No
NOTE: If you answered "Yes" , you are not able to qualify for the earned income credit (skip Part II and Part III).			
Part II: Qualifying Children		Child 1	Child 2
Is the Child: (line 9)		Name	Name
The Taxpayer's Son, Daughter, or adopted child OR A child of the Taxpayer's son, daughter or adopted child OR The Taxpayer's stepchild OR The Taxpayer's eligible foster child?		Yes No	Yes No
If the child is married, are you claiming this child as a dependent? (If child is not married, then simply mark yes) (line 10)		Yes No	Yes No
Did the child live with you in the United States for over half of the year, OR The full year if the child is an eligible foster child? (line 11)		Yes No	Yes No
Was the child, at the end of the year: (line 12) Under age 19 OR Under age 24 and a full-time student OR Any age and permanently and totally disabled?		Yes No	Yes No
Could any other person check "Yes" on lines 9 through 12 for the child? Prep Note: If yes, questions on line 13b and 13c must also be answered.(line 13a)		Yes No	Yes No
● If you checked "No" on any of the first four questions above, then: The child is not the taxpayer's qualifying child. If the taxpayer does not have a qualifying child, go to "Part III" to see if the taxpayer can claim the EIC for people who do not have qualifying children			
Part III: Earned Income Credit for Taxpayers without a Qualifying Child			
Was your main home, and your spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the U.S. are considered to be living in the U.S. during that period.)		Yes	No
NOTE: If you answered "No" , you are not able to qualify for the earned income credit (skip Part II and Part III).			
Part IV- Due Diligence Requirements			
To comply with the EIC knowledge requirement, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries made and the taxpayer's responses.			
Form 8879 Information			
(1) = Check mailed from IRS	(4) = Balance Due	Tax Payer's PIN	Spouse's PIN
(2) = Direct Deposit to TP's Acct.	(5) = RAC (14 Days) *		
Was the return prepared by the Taxpayer (self-prepared)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the return prepared by an external Paid-Preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

TAXPAYER QUESTIONNAIRE REVIEW

The above information is true and correct, and I / we understand that the information given on this questionnaire will be used to complete my / our 2013 tax return(s). I / We agree to hold this company harmless for any errors that they may make on my / our tax return. I / We also understand that error on my / our return will cause a delay in the processing of the return and the receipt of the refund, if any.

Customer Signature: _____

Date: _____

Spouse Signature: _____

Date: _____