Salina Tax Service, Inc.
Taxes and Accounting
"1040 Reasons to Call"

Due Diligence Questionnaire
Filing Status

Instructions

You are being supplied with this questionnaire because you have claimed one of these credits in the past or you have indicated that you will be claiming one of them this year. The questionnaire is designed to assist us in qualifying you for some valuable refundable tax credits. While the questions may seem to be a little intrusive at times, they are questions that we are required to ask under the Due Diligence Requirements of the new Tax Laws.

Please complete them in as much detail as possible. Not all questions will apply to all taxpayers. If they do not apply to you, please answer them as NA (not applicable) so that we will know that you read the question and didn't just miss it.

Abbreviations used on the Questionnaire: CTC = Child Tax Credit
ACTC = Additional Child Tax Credit
EITC= Earned Income Tax Credit (Low Income Households)
AOTC= American Opportunity Tax Credit (College Credit)

FOR NEW CLIENTS with Dependents: Please remember to submit copies of social security cards, birth certificates and proof of residency (possibly school records or medical records showing the dependents name and YOUR address).

FOR TAXPAYERS CLAIMING COLLEGE TAX CREDITS: Please remember to submit copies of the Form 1098T that you received from the college AND a copy of the Bursar's statement from the college showing the Spring and/or Fall semester charges and payments. The Credit applies to all payments made in cash or via student loans to tuition, fees and related expenses. IT does NOT apply to Room and Board or travel expenses.

FOR TAXPAYERS CLAIMING HEAD OF HOUSEHOLD FILING STATUS: It is important to complete both the dependent questions and the Household Expense worksheet on page 3. If you are divorced or legally separated please remember to include a copy of the divorce decree and/or separation agreement. [NOTE: If the divorce is NOT final or you and your spouse lived together AT ANY TIME in the last 6 months of the tax year, you CANNOT claim Head of Household filing status]

IF you have any questions about the questionnaire please do not hesitate to contact our office. We will be glad to assist you.

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To be Completed by All Taxpayers with Dependents:

1. Are you married? ☐ Yes ☐ No
2. Have you ever been disallowed the EITC/AOTC/CTC? ☐ Yes ☐ No
   If so, when? _____
3. Did you live in the United States and where? ☐ Yes ☐ No _____
4. If you are a single parent, where's the other parent(s) of your child/children?
   _____
5. What is the name of the other parent(s)? _____
6. Why is the other parent of the child/children not claiming the child? _____
7. Explain why the dependent(s) have different last names than the taxpayer _____
   _____
8. If you are separated/divorced, when did you last live in the same home? _____
9. Do you have joint custody of your child? ☐ Yes ☐ No
   a. How long did the child live in your home during this tax year? _____
   b. How long did your child/children live in the other parent's home during this tax year? _____
   c. How much income did the other parent have during this tax year? _____
   d. Do you have a signed Form 8332? _____
10. Did anyone else live in the home that provides financial support for your child/dependent(s)? ☐ Yes ☐ No
    a. If yes, who lives there and how much do they pay? _____
11. Does the taxpayer have full custody of their dependent(s)? _____
12. Is this your biological dependent(s)? ☐ Yes ☐ No
13. How old were you when your oldest child was born that is listed on this return? ____
    a. If the taxpayer was under the age of 18 explain circumstances and who/how the child was cared for until the taxpayer was old enough to support and care for their own child(ren)? _____
14. How many months did the dependent(s) live in your home during the tax year? ____
15. Can anyone else claim your dependent(s) on their return? ☐ Yes ☐ No
16. Is your dependent married? ☐ Yes ☐ No
17. If you live alone, who babysits while you work (for children 12 & younger)?
    Name: _____
18. Do you receive any other type of supplemental, non-taxable income such as child support, welfare benefits, social security, etc.? ☐ Yes ☐ No
    a. If so, how much and what kind? _____

Not Your Biological Child:

19. If this is not your biological child, what is your relationship to the dependent? _____
    _____
20. Did the dependent live in your home for more than 6 months? ☐ Yes ☐ No
21. Do you have custody? ☐ Yes ☐ No
    If so, through what court/agency? _____

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22. Who are the biological parents? _____
23. Where do the biological parents live? _____
24. What were the circumstances leading to the dependent(s) being placed in your home? _____
25. Do you receive any financial aid for this child such as WIC, Medicaid, SNAP, listed on your health insurance policy, etc.? ☐ Yes ☐ No
If yes, which ones? _____
26. Are you listed as the guardian for this dependent(s) on school records, medical records, daycare records, or place of worship records? ☐ Yes ☐ No

College Credits:

27. Which college did the student attend? _____
28. Did student attend at least half time? ☐ Yes ☐ No
Degree Seeking? ☐ Yes ☐ No
29. Did this student receive a tuition statement from the school? ☐ Yes ☐ No
Other Books/Materials amount _____
30. Did this student work while attending school? ☐ Yes ☐ No
If so, how much did they earn? _____
31. How many tax years have you claimed the AOTC? _____
Drug Related Felonies? ☐ Yes ☐ No

PLEASE PROVIDE BURSAR STATEMENT OF ACCOUNT HISTORY AND COPY OF I098T FORM FROM THE COLLEGE

Disabled at any age:

32. If your dependent is over the age of 18 and Disabled, what is the nature of the disability? _____
33. Has this dependent been declared disabled by a physician? ☐ Yes ☐ No
If so, can you provide documentation? _____
34. Does dependent receive social security/disability benefits? ☐ Yes ☐ No
If so, how much do they receive? _____
35. Are you listed as the Social Security Representative Payee for this dependent?
☐ Yes ☐ No
36. Is this the dependent(s) expected to recover in the next year? ☐ Yes ☐ No
37. If this is not your biological child, why is this child living with you and not another family member? _____
38. Where are the biological parents of your disabled dependent(s)? _____
39. Who cares for the disabled dependent while the taxpayer works? _____

CAN YOU, THE TAXPAYER, PROVIDE SCHOOL/MEDICAL/DAYCARE/PLACE OF WORSHIP/BIRTH CERTIFICATES UPON REQUEST FROM THE GOVERNMENT?

☐ Yes ☐ No

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Single ***Married Filing Jointly*** ***Married Filing Separately***

Head of Household

Others that lived in you home that are not reported on this tax return. _____

Their Income? _____ Is this person biologically related to your dependent(S)? ☐Yes ☐No

If yes, what is the relationship? _____

Notes as to why the above-named relative is not claiming the dependent(s) on their return?

Head of Household can ONLY be claimed by taxpayers with a Qualified Dependent AND who are

1. ***Single and paying more than ½ the cost of keeping up a home (complete worksheet below), OR***
2. ***Married but did not live with you spouse AT ANY TIME in the last 6 months of the year OR***
3. ***Divorced or LEGALLY separated (Attach copy of Decree or Separation Agreement)***

Monthly Income: _____ (wages, child support, other income)

	Annual Amount you Paid	Total Cost
Property Taxes		
Rent		
Mortgage Interest Expense		
Utility Charges		
Upkeep and Repairs		
Property Insurance		
Food Consumed on Premises		
Other Household Expenses		
TOTALS		

Do not count money received under public assistance/welfare/food stamps in the amount you paid.
Do include costs paid with public assistance in the total cost.

Taxpayer has provided all answers to the above questions to be true and correct to the best of the taxpayer's knowledge. Taxpayer has been informed that claiming a depend for EITC/CTC/AOTC/HOH or other credits can result in an audit fines and penalties if the information provided is incorrect.

Taxpayer Signature _____ Date _____

Answers were provided by taxpayer on the above date unless otherwise noted here _____

_____