

# ANANIAHS TAX SERVICE

## PERSONAL INFORMATION

### Primary Taxpayer

First Name:		Last Name:		M.I.:
S.S.N. :		Birthdate:		Taxpayer's PIN:
Home Phone:		Work Phone:		Cell Phone:
Occupation:		Dependent on another return? <span style="margin-left: 50px;">Yes</span> <span style="margin-left: 50px;">No</span>		Legally Blind? <span style="margin-left: 50px;">Disabled?</span>
Email Address:		Text Message: <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span>		Cell Phone Carrier
Preferred Contact:		Preferred Language:		Form 1040 NR: <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">Taxpayer: Male</span> <span style="margin-left: 20px;">Female</span>

#### Filing Status (Circle which Status number applies)

- 1 = Single** If: You were NOT married on or before December 31, 2019  
Your dependents lived with you less than 6 months during the year.
- 2 = Married Filing Joint** If: You were married as of December 31, 2019 or your spouse died during 2019.
- 3 = Married Filing Separate** If: You were married on or before December 31, 2019 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, 2019  
Your child, foster child, or grandchild lived with you more than 6 months.
- 5 = Qualified Widow(er)** If: Your spouse died during either 2017 or 2018, and  
Your child, stepchild or foster child lived with you for 12 months in 2019.

### Spouse

First Name:		Last Name:		M.I.:
S.S.N. :		Birthdate:		Spouse's PIN:
Home Phone:		Work Phone:		Cell Phone:
Occupation:		Dependent on another return? <span style="margin-left: 50px;">Yes</span> <span style="margin-left: 50px;">No</span>		Legally Blind? <span style="margin-left: 50px;">Disabled?</span>
Email Address:		Text Message: <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span>		Cell Phone Carrier
Preferred Contact:		Spouse: <span style="margin-left: 20px;">Male</span> <span style="margin-left: 20px;">Female</span>		

## 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

## Client Referral

Referral Type:

Description:

## Health Insurance

(Affordable Care Act)

In order to comply with the Affordable Care Act, answer the following questions regarding healthcare insurance coverage.

Received health care coverage through employer for entire year (including COBRA Coverage)?	Yes	No
Received health care coverage from the government such as Medicaid, Medicare or Veterans Benefits?	Yes	No
Purchased private health insurance (NOT through the Marketplace") for the entire year?	Yes	No
Purchased health insurance through the "Marketplace" (Form 1095-A)?	Yes	No
At least one family member (including taxpayer) did not have health care coverage at anytime during the year?	Yes	No

## DEPENDENTS

First Name	Last Name	Birthdate	SSN	Relationship	# of Months	Dep. Code	EIC
<b>Children who lived with you and are being claimed on another return</b>							
<b>Non Dependents claimed for EIC and Disabled person's dependent care expenses</b>							

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. (\*copy of social security card, or document used to verify social security number required)

### Dependent Codes

- 1 = Lived with Taxpayer
- 2 = Lived Elsewhere
- 3 = Taxpayer's parent
- 4 = Other Dependent

### EIC Codes

- E = Eligible as of December 31, 2018, under the age of 19
- S = Student as of December 31, 2018, under the age of 24 and full-time student
- D = Disabled as of December 31, 2018, 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 (*8862 required if IRS has every denied your ability to carry a dependent on past returns)	<b>Number of Children under age 17 (CTC)</b>	
	<b>Number of Children under age 19 (EIC)</b>	
	<b>Number of Children between age 17 &amp; 24, full time student (EIC)</b>	
	<b>Number of Children Totally Disabled (EIC)</b>	
	<b>Include Form 8862 - Information to Claim EIC After Disallowance?</b>	Yes    No

<b>Total Amount Paid:</b>	<b>CHILD CARE CREDIT</b>	<b>Number Cared for:</b>
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- 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	<input type="checkbox"/> SSN    or <input type="checkbox"/> EIN
Address	Amount Paid <b>\$</b>

### Care Provider #2 Information

Name	<input type="checkbox"/> SSN    or <input type="checkbox"/> EIN
Address	Amount Paid <b>\$</b>

## DEPENDENT CARE EXPENSES

List dependents cared for (\*if paying for a disabled or ederyly dependent)

First Name	Last Name	SSN	Expenses
			<b>\$</b>
			<b>\$</b>
			<b>\$</b>
			<b>\$</b>

**WAGES AND SALARIES**

(Use Actual Form W-2 for Data Entry)

Taxpayer	Employer's Name	Wages	Federal Withholding	St Withholding
Spouse	Employer's Name	Wages	Federal Withholding	St Withholding

**INTEREST AND DIVIDEND INCOME**

(Use Actual Forms 1098, 1099B, 1099-INT, 1099-DIV for Data Entry)

Payer's Name	Interest Earned	Dividends	Withholding

**ADDITIONAL INCOME**

Unemployment Income	
Social Security, from Form SSA1099	
Other Income:	
Scholarship income not included on Form W-2	
Prior Year's State and Local Income Tax Refund	
Alimony Received	
Gambling Income	
Other Income Subject to Self-employment Tax	
Schedule C - Business Income/(Loss)	
*need Profit/Loss, Balance Sheet, or Income and Expense Report	
IRA OR Pension Distribution from 1099R	
Railroad Retirement from Form RRB1099	

**ADJUSTMENTS**

Student Loan Interest Deduction	
IRA Contributions (Limit of \$5,500 per taxpayer, if over 50 limit is \$6,500)	
Tuition and Fees Deduction	
Alimony Paid	
Recipient's SSN	Recipient's Name

**CREDITS**

Education Credits (*1098T from institution required) must be for a degree plan	
American Opportunity Credit	
Life Time Learning qualified expenses	
Other Federal Tax Payments	

<b>ITEMIZED EXPENSES</b>		<b>Sch-A</b>
<b>Medical and Dental Expenses</b>		Miles
Number of Miles driven to Doctor / Dental Visits during the year	(line 1)	
Medical / Dental Expense Description		Amount
Medical / Dental Expense Description		Amount
<b>Taxes Paid</b>		Amount
State Taxes Paid on last year's state return	(line 5, wkst)	
Real Estate Property Taxes Paid	(line 5b)	
Personal Property Taxes Paid (i.e. vehicle registration)	(line 5c)	
Other Taxes Paid (i.e. Non-resident State Taxes Paid)	(line 6)	
<b>Interest Paid</b>		Amount
Home Mortgage Interest, from Form 1098	(line 8)	
Points Paid (Principle Purchase of Residence <b>OR</b> Qualified Refinance)	(See Form Instructions)	
<b>Gifts to Charity</b>		Miles
Number of Miles driven for Volunteer Work with Charitable Organization	(line 11)	
Charitable Cash or Check Contributions		Amount
Description	(line 11)	
Description		
Description		
Non-Cash Charitable Contributions (if more than \$500 must attach Form 8283)		Amount
Description	(line 12)	
Description		
Description		
<b>Other Miscellaneous Deductions</b>		Amount
Other Miscellaneous Expenses (i.e. gambling losses-no more than reported winnings)	(line 16)	
<b>Other Expenses</b>		Amount
Description	(line 16)	
Description		
Description		

## 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 2019?	Yes	No
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**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

	Child 1		Child 2	
Is the Child: (line 9) The Taxpayer's Son, Daughter, or adopted child <b>OR</b> A child of the Taxpayer's son, daughter or adopted child <b>OR</b> The Taxpayer's stepchild <b>OR</b> The Taxpayer's eligible foster child?	Name		Name	
	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, <b>OR</b> 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 <b>OR</b> Under age 24 and a full-time student <b>OR</b> 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? <b>Prep Note:</b> 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
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**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	<b>Tax Payer's PIN</b>	<b>Spouse's PIN</b>
( 2 ) = Direct Deposit to TP's Acct.	( 5 ) = RAC/RT		

Was the return prepared by the Taxpayer (self-prepared)?  Yes  No

Was the return prepared by a Paid-Preparer?  Yes  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 2019 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.

Taxpayer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

## FINANCIAL PRODUCTS

Complete the following if refund type is a RAC/RT

**Identification Information: Bank Products require at least 1 of the following forms of ID**

- Drivers License       DMV/BMV State ID       Military ID       US Passport/Resident Alien ID  
 Matricular Consular       Foreign Passport

**Taxpayer**    ID NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

**Spouse**    ID NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

**Application Information:**

If filing a joint return, who is borrower?      T = Taxpayer Only; S = Spouse Only; B = Both Taxpayer & Spouse

With the IRS removing the Debit Indicator (DI), there is a chance that a RAC/RT will not be refunded in full.

**Some reasons for not getting a complete RT refund:**

1. IRS says you owe back taxes
2. IRS says you have a current garnishment
3. IRS is auditing your Earned Income Credit
4. Earned Income Tax Credit (EITC) is claimed and an EITC qualifying child is a foster child
5. You have an outstanding debt with any bank that provides RAC/RT

PLEASE NOTE - WE DO NOT HAVE ANY CONTROL OVER THE ABOVE REASONS!

Taxpayer Initial \_\_\_\_\_      Spouse Initial \_\_\_\_\_

I understand that all information I have provided on this form is true. If any of this information is incorrect, I understand that a formal letter will be sent if the refund is not paid in full.

In addition, I understand that my refund may be provided to me in more than 1 check.

Taxpayer Signature: \_\_\_\_\_      Date: \_\_\_\_\_

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

### FOR OFFICE USE ONLY

Process Checklist (to be included in customer file)

- Make copies of form of ID and Social Security cards
- Interview sheet filled out
- One copy of tax return, W-2s and/or 1099 (Taxpayer & Spouse, if applicable)
- Signature on 8879/Pin # and Bank application