

ANANIAHS TAX SERVICE

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:	Dependent on another return? Yes No	Legally Blind?	Disabled?
Email Address:	Text Message: Yes No	Cell Phone Carrier	
Preferred Contact:	Preferred Language:	Form 1040 NR: XXXXXX	Taxpayer:
<p>Filing Status (Circle which Status number applies)</p> <p>1 = Single If: You were NOT married on or before December 31, 202F Your dependents lived with you less than 6 months during the year.</p> <p>2 = Married Filing Joint If: You were married as of December 31, 202F or your spouse died during 202F.</p> <p>3 = Married Filing Separate If: You were married on or before December 31, 202F and your spouse is filing a tax return using this filing status.</p> <p style="margin-left: 100px;">* 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</p> <p style="margin-left: 100px;">* If MFS, did your spouse itemize his/her deductions? Yes No NOTE: If spouse itemized deductions, taxpayer must also Itemize deductions.</p> <p>4 = Head of Household If: You were NOT married as of December 31, 202F Your child, foster child, or grandchild lived with you more than 6 months.</p> <p>5 = Qualified Widow(er) If: Your spouse died during either 202E or 202F, and Your child, stepchild or foster child lived with you for 12 months in 2020.</p>			
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? Yes No	Legally Blind?	Disabled?
Email Address:	Text Message: Yes No	Cell Phone Carrier	
Preferred Contact:	Spouse: Male Female		

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

Remote Signature Consent

In order to comply with the signing and receiving tax returns remotely answer the following questions regarding Remote Signatures.

Does the Taxpayer consent to receive and sign their documentation remotely?

Yes

No

Does the Spouse consent to receive and sign their documentation remotely?

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
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, 202%, under the age of 19
- S = Student as of December 31, 202%, under the age of 24 and full-time student
- D = Disabled as of December 31, 202%, 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? Yes No

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
			\$
			\$
			\$
			\$

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)	
IRA OR Pension Distribution from 1099R	
Railroad Retirement from Form RRB1099	

ADJUSTMENTS

Student Loan Interest Deduction	
IRA Contributions (Limit of \$6,000 per taxpayer, if over 50 limit is \$7,000)	
Tuition and Fees Deduction	
Alimony Paid	
Recipient's SSN	Recipient's Name

CREDITS

Education Credits	
American Opportunity Credit	
Life Time Learning qualified expenses	
Economic Impact Payment	
Other Federal Tax Payments	

ITEMIZED EXPENSES		Sch-A
Medical and Dental Expenses		Miles
Number of Miles driven to Doctor / Dental Visits during the year	(line 1)	
Medical / Dental Expense Description		Amount
Medical / Dental Expense Description		Amount
Taxes Paid		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)	
Interest Paid		Amount
Home Mortgage Interest, from Form 1098	(line 8)	
Points Paid (Principle Purchase of Residence OR Qualified Refinance)	(See Form Instructions)	
Gifts to Charity		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		
Other Miscellaneous Deductions		Amount
Other Miscellaneous Expenses (I.e. gambling losses-no more than reported winnings)	(line 16)	
Other Expenses		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 202F?	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

	Name		Name	
Is the Child: (line 9) 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
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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 inquires 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/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 202F 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