2019

Taxpayer Questionnaire

PERSONAL INFORMATION

Primary Taxpayer

First Name:	Last Name:	M.I.:
Alexandra	Acosta	

[redacted]	Birthdate: [redacted]	Taxpayer's PIN:
Home Phone:	Work Phone:	Cell Phone: (305) 494-9699
Occupation: BSD	Dependant on another return? Yes (No)	Legally Blind? NO / Disabled? NO
Email Address: alexacosta02@gmail.com	Text Message (Yes) No	Cell Phone Carrier Verizon

Filing Status (Circle which Status number applies)

(1) = **Single** — If: You were NOT married on or before December 31, 2012. Your dependents lived with you less than 6 months during the year.

2 = Married Filing Joint — If: You were married as of December 31, 2012 or your spouse died during 2012.

3 = Married Filing Separate — If: You were married on or before December 31, 2012 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, 2012. Your child, foster child, or grandchild lived with your more than 6 months.

5 = Qualified Widow(er) — If: Your spouse died during either 2010 or 2011, and Your child, stepchild or foster child lived with you for 12 months in 2012.

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 (oradditional) Address Information

Street Address:	Apt. #:
[redacted] 7200 NW 94th Way	

City:	State:	Zip Code:
[redacted] Tamarac	FL	[redacted] 33321
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: [redacted] Account Type: Savings (Checking)

Routing Num [redacted] Account Number: [redacted]

Will this refund go to an account outside of the US? Yes (No)

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DEPENDENTS

First Name	Last Name	Birthdate	SSN	Relationship	# of Months	Dep. Code	EIC
[redacted]				daughter			
				son			
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, 2012, under the age of 19
S = Student as of December 31, 2012, under the age of 24 and full-time student
D = Disabled as of December 31, 2012, 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

CHILD CARE CREDIT

Total Amount Paid:

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
			$
			$
			$
			$

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WAGES AND SALARIES
(Use Actual Form W-2 for Data Entry)

Taxpayer Employers Name	Wages	Federal Withholding	St Withholding

Spouse Employer's Name	Wages	Federal Withholding	St Withholding

INTEREST AND DIVIDEND INCOME
(Use Actual Forms 1099, 1099B, 1099-INT, 1099-DIV for Data Entry)

Payer's Name	Interest Earned	Dividends	Withholding
Valerday llc	13,904		

OTHER INCOME

Unemployment Income (Other Income wkst, Line 19)	
Social Security, from Form 1099SSA (Other Income wkst, Line 20b)	
Other Income:	
Scholarship income not includec onForm W-2 — Adjusting 1,239	
Prior Year's State and Local Income Tax Refund — supple 6,389	
Alimony Received	
Gambling Income — license 503, travel 2,863	
Other Income Subject to Self-employment Tax — Miles 10,255, gas 4,155	
Schedule C - Business Income/(Loss)	29,523
IRA OR Pension Distribution from 1099R	
Railroad Retirement from Form 1099RRB	

ADJUSTMENTS

Student Loan Interest Deduction	
IRA Contributions (Limit of $5,000 per taxpayer if over 50 limit is $6,000)	
Tuition and Fees Deduction	
Alimony Paid — Recipient's SSN — Recipient's Name	

CREDITS

Education Credits	
American Opportunity Credit	
Life Time Learning qualified expenses	
First Time Home Buyer Credit	
Other Federal Tax Payments	

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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, wks)	
Real Estate Property Taxes Paid	(line 6)	5,915
Personal Property Taxes Paid (i.e. vehicle registration)	(line 7)	2,305
Other Taxes Paid (i.e. Non-resident State Taxes Paid)	(line 8)	
Interest Paid		Amount
Home Mortgage Interest, from Form 1098	(line 10)	10,621
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 16)	
Charitable Cash or Check Contributions Description	(line 16)	Amount
Description Gift wife		689
Description Charity		809
Description total		1,498
Non-Cash Charitable Contributions (if more than $500 must attach Form 8283) Description	(line 17)	Amount
Description		
Description		
Job Expenses and Other Miscellaneous Expenses		Amount
Un-reimbursed employee expenses (i.e. union dues, uniforms, tools specific to work) **Prep Note:** all other Un-reimbursed employee expenses must be filed on Form 2106	(line 21)	
Tax Preparation Fees	(line 22)	
Other Expenses (safe deposit box, attorney fees for production of income, etc.) Description	(line 23)	
Description		
Other Miscellaneous Deductions		Amount
Other Miscellaneous Expenses (i.e. gambling losses-no more than reported winnings)	(line 28)	
Other Expenses Description	(line 29)	Amount
Description		
Description		

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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 2012?	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

Is the Child: (line 9)	Child 1 Name		Child 2 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 II" 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

(') = Check mailed from IRS (4) = Balance Due (2) = Direct Deposit to TP's Acct. (5) = RAC (14 Days) *	Tax Payer's PIN	Spouse's PIN
Was the return prepared by the Taxpayer (self-prepared)? ☐ Yes ☐ No		
Was the return prepared by an external 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 2012 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: 2/4/20

Spouse Signature: _____ Date: _____

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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

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