



TAXPAYER QUESTIONNAIRE

Tax Year:

Taxpayer's Name: Date of Birth: SSN:

Occupation: Filed Here Before: YES NO

Spouse Name: Date of Birth: SSN:

Occupation: Filed Here Before: YES NO

Home Address: City: State: Zip:

Best Phone Number: Alternate Phone Number: Email Address:

Filing Status: [EIC/CTC: The child and/or qualifying person must live with you for more than 6 months with proof of residency for each child claimed.]

Did your dependents live with you for more than 6 months: YES NO

Can anyone else claim your dependents YES NO

The IRS defines any dependent as a qualifying child or a qualifying relative one that you Partially or Fully support economically. If any child you are claiming as a dependent is NOT your son or daughter, be prepared to provide a written statement as to why the parent is not claiming the child. Head of Household is a filing status for single or unmarried or considered "unmarried" taxpayers who keep up a home for a Qualifying Person. INITIAL

DEPENDENTS#	First Name	Last Name	SSN	Relationship	Date of Birth

Do all dependents have medical insurance YES NO

Did anyone have Marketplace Insurance YES NO

EIC: Do you have dependents age 18 or older in school/college (Attach Form 1098-T) YES NO

EIC: Do you have dependents age 18 or older with a disability YES NO

Dependents with disability need: Doctor's or Health Care Statement Social Service Disability Statement

Are they employed YES NO

PROOF OF INCOME (check all that apply)

<input type="checkbox"/> W-2 Forms/ Last Check Stub w/ Form 4852	<input type="checkbox"/> Self-Employment (Attach Income/Expense Summary)	<input type="checkbox"/> Rental Income (Attach Property Worksheet)	<input type="checkbox"/> Winning Income 1099-G
<input type="checkbox"/> Miscellaneous/ NEC Income/ Form 1099	<input type="checkbox"/> Unemployment 1099-G	<input type="checkbox"/> Retirement and/or Social Security Income	<input type="checkbox"/> Cancellation of Debt 1099-C
<input type="checkbox"/> Interest and/or Dividend Income	<input type="checkbox"/> Sales of Stock Form 1099-B	<input type="checkbox"/> Sale of Home or Real Estate	<input type="checkbox"/> State Tax 1099-G

LANDLORD INFORMATION

Landlord Full Name: Landlord's Address: Total Rent Paid:

Illinois Property Index (PIN): Amount Paid in Property Taxes: \$

Tax Year:

Date:

Balance Due

Drop Off Upload

Taxpayer:

Spouse:

Best Phone Number:

Alternate Phone Number:

Email Address:

Head Of Household EIC CTC Education Credit Family Credit

Can the taxpayer provide to this office or the IRS the following documents: (Please Check)

- Taxpayer/s Current ID
- Proof of all Social Security Numbers
- Proof of Education
(Form 1098T and Expense Summary)
- Proof of Head of Household
(Lease, Utility Bill, Mortgage Statement)
- Proof of Residency for you and qualifying children
(Lease, School Summary, Healthcare Mail, Social Service, Child Care)
- Form 8332 (Exemption Release for noncustodial parent)
- E-Files and BANK PRODUCTS EASY ADVANCE Loan PAYMENT OUT OF REFUND

Name of Bank

Checking Account

Routing Number

Savings Account

Signed Bank Application and Consent forms (Bank Product)

EXPLANATIONS, QUESTIONS, ANSWERS and RECOMMENDATIONS (Form 8867 only)

Q&A NOTES and FOLLOW UP: Date:

Complete

Q&A NOTES and FOLLOW UP: Date:

Complete

I am fully aware that the information from my questionnaire and attached forms will be used to figure my income, credits and deductions, which will be used to arrive at my tax refund and/or liability. I have reviewed my tax return with ARKED Enterprises. By signing below under penalties or perjury, the information provided to ARKED Enterprises is true, complete and correct.

Signature

Date of Signature