



## Taxpayer Questionnaire

(PLEASE ANSWER ALL QUESTIONS)

**Tax Year** \_\_\_\_\_

**EIC CLIENTS ATTACH TO FORM 8867 FOR DUE DILIGENCE**

<b>TAXPAYER:</b> First Name and Last Name	<b>SSN:</b>
OCCUPATION: <span style="float: right;"><i>Filed Here Last Year: Yes ___ No ___</i></span>	DOB:
<b>SPOUSE:</b> First Name and Last Name	<b>SSN:</b>
OCCUPATION: <span style="float: right;"><i>Filed Here Last Year: Yes ___ No ___</i></span>	DOB:
<b>CONTACT INFORMATION</b>	
Home Address _____ City _____ State _____ Zip _____	
Best Phone Number ( ) _____ Alternate Number ( ) _____	

**FILING STATUS**

Married    
  Separate    
  Head of Household    
  Single    
  Qualifying Widow

**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	DOB

Do all members of your household have medical insurance  Yes  No **Did anyone have Marketplace Insurance**  Yes  No

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

**EIC:** Do you have dependents age 18 or older with a disability  Yes  No Are they employed  Yes  No

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

**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"/> Miscellaneous/NEC Income/Form 1099
<input type="checkbox"/> Unemployment 1099-G	<input type="checkbox"/> Retirement and/or Social Security Income	<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"/> Winning Income 1099-G	<input type="checkbox"/> Cancellation of Debt 1099-C	<input type="checkbox"/> State Tax 1099-G

\*Total Stimulus Received for you and children in TY/2020 \_\_\_\_\_ TY/2020 \_\_\_\_\_ TY/2021 \_\_\_\_\_ (600ea, 1200, 1400ea)

\*Total Advanced Child Tax Credit Received in 2021 \$ \_\_\_\_\_ Any State Stimulus Y \_\_\_ N \_\_\_

\*Landlord Information Name \_\_\_\_\_ Address \_\_\_\_\_ Rent Paid \$ \_\_\_\_\_

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

Tax Year \_\_\_\_\_ Balance Due \_\_\_\_\_ [ ] Drop Off [ ] Upload Date \_\_\_\_\_

TAXPAYER: First Name and Last Name \_\_\_\_\_ SPOUSE: First Name and Last Name \_\_\_\_\_

Best Phone Number ( ) \_\_\_\_\_ Alternate Number ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

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 Residency for you and qualifying children (Lease, School Summary, Healthcare Mail, Social Service, Child Care)
- Proof of Head of Household (Lease, Utility Bill, Mortgage Statement)
- Form 8332 (Exemption Release for noncustodial parent)

E-Files and BANK PRODUCTS EASY ADVANCE Loan [ ] PAYMENT OUT OF REFUND [ ]

- Name Of Bank \_\_\_\_\_ Routing Number \_\_\_\_\_  
Checking Account \_\_\_\_\_ 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: \_\_\_\_\_

NOTES/FOLLOW-UP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complete

Q&A NOTES and FOLLOW UP:

DATE: \_\_\_\_\_

NOTES/FOLLOW-UP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

X Signature Required \_\_\_\_\_ Date \_\_\_\_\_