

Taxes Done Eze

EIC QUESTIONNAIRE

TAX PAYER NAME(S) _____ TAX YEAR _____

Please respond to the following questions with the best of your knowledge

- ❖ Was the taxpayer the sole provider for qualifying children? _____
- ❖ Was the taxpayer the only person that could claim qualifying children? _____
- ❖ Is this the only income you have? _____
- ❖ How much money did you make on investment? _____
- ❖ Did the qualifying children live with you over 6 months of the year? _____
- ❖ Does the taxpayer (and your spouse if filing jointly) have a valid social security that allows them to work in the USA? _____
- ❖ Was the taxpayer a nonresident for any part of the tax year? _____
- ❖ Are all expenses computed to the best of taxpayer's knowledge? (schedule C) _____
- ❖ Dependent Relationship and taxpayer....#1 _____ #2 _____
- ❖ #3 _____ #4 _____
- ❖ If the relationship is other than son or daughter please provide complete address of biological parents (mother) _____
- ❖ (father) _____
- ❖ If relationship is other than son or daughter is the AGI higher than any parent of your dependent?

Can you provide the following documents for you, your spouse (if any) or your dependent (s) if required at any time by the IRS? Please check as many of the boxes as possible.

Birth Certificate _____ Marriage Certificate _____ Divorce Certificate _____ Final Adoption papers _____ School Record _____ Rental Agreement or property statement _____ Health Care statement _____ Medical Record _____ Child Care provider statement _____ Placement agency statement _____ Full time student school record for at least 5 months if dependent age is between 19 and 23 _____ Other documents _____

Business (Schedule C)

Business start date _____ Business License _____ Form 1999-Misc _____ Records of gross receipts _____ Taxpayer summary of income _____ Taxpayer summary of expenses _____ City License _____ Bank Statements _____

Explanation if you don't have any business expenses _____

Additional Comments:

Taxpayer signature _____ Date: _____

Spouse Signature _____ Date: _____