## Hall's Notary Service

13732 Berwick Tpke

Gillett PA 16925

office 570-596-3210 cell 813-951-1713

hallsnotaryservice23@gmail.com

hallsnotaryservice.com

Client Application

How did you hear about us: friend/relative Google Facebook Drive by If Referred (name):

 **Personal Information**

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Filing Requirement:** (I will need to make a copy of your ID/SS card/Gov’t ID)

**Driver’s License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Exp Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**SSN or Gov’t ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### You’re filing status: (Circle One)

**Single Married Filing Joint Married Filing Separate Head of Household Qualifying Widow/Widower**

**SPOUSE’S INFORMATION**

**Name:**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone # Birth Date:**

**Driver’s License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Exp Date: \_\_\_\_\_\_\_\_\_\_\_\_**

 **SSN or Gov't ID:**

**Spouse's Employer**: **Work Phone:**

* Have there been any changes since last year? Yes / No
* Address? Yes / No
* Marital Status? Yes / No
* Dependent Changes? Yes / No
* House Sale or Purchase? Yes / No

**For Homeowners**: Did you do anything to your home for the Energy Tax Credit in 2023? (windows, doors, furnace, insulation, A/C, clean energy, electric panel upgrades) Yes \_\_\_\_ No \_\_\_\_\_

(If yes, I will contact you with the requirements to see if you qualify.

* Other Changes?
* Did you buy, sell any Bitcoin or other cryptocurrencies in 2023? Yes / No
* Did you live at your above listed address for 6 months or more in 2023? Yes / No
* Did you have health insurance in 2023? Yes / No
* Did your dependents have health insurance through your employer, state, or Obamacare? Yes / No

If so, which dependents? Dep 1, Dep2, Dep 3, or ALL Dep

* How many jobs did you work last year? **Did you receive all your W-2’s?**
* Did you receive Unemployment or Disability income? Yes / No
* Did you attend college, night school, internet schooling, or any post-secondary educational?

 facility to gain a skill or degree? Yes / No

* Do you have a 1098-T form from your school? Yes / No
* Are you currently paying or owe student loans? Yes / No
* Do you own your home? Yes / No
* Do you owe any home buyers credits? Yes / No
* Did you pay church tithes and offerings? Yes/ No
* Do you owe any back child support? Yes / No

**Previous Tax Year Questions**

 **Did you file your taxes last year for 2022?** Yes / No If so, did you receive a refund? Yes / No

 Did you OWE/pay in any money last year? Yes / No How Much did you owe? $

Did you pay in the balance in full? Yes / No

Do you know your balance? $

**How did you file your taxes last year, Self-Employment or W-2?**

**Can you get a copy of your prior years return if needed?**

**Do you need to file FORM 8862 (stating that you were disallowed EIC previously?**

Yes / No Yes / No

 **Dependent Information**

(If you have any dependents, list them in the area below. If you have more than four dependents, list the remainder on the reverse side. If any if your dependents did not live with you in 2016, please notify your preparer.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First Name** |  | **Last Name** |  | **Birth Date** | **Social Security Number** | **Relationship To You** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

 Did all your dependents stay with you at least 6 months last year (2023)? Yes / No

Did you file these same dependents the previous tax season (2022)? Yes / No

 **Childcare Provider**

(If you paid for childcare for your dependent children, list the childcare providers below with the amounts paid.)

### Childcare Provider Address City/ State/ Zip

|  |  |  |  |
| --- | --- | --- | --- |
| 1st |  |  |  |
| 2nd |  |  |  |

**Social Security # or FED ID Number Amount Paid**

|  |  |  |
| --- | --- | --- |
| 1st |  |  |
| 2nd |  |  |

## ALTERNATE ELIGIBILTY RECORD (Due Diligence)

In accordance with Internal Revenue Service (IRS) Bulletin 97-65 and Internal Revenue Code (IRC), this form serves as Alternate Eligibility Checklist, and may be used IN LIEU of other forms of Due Diligence, including form 8867. **Maintain this form with your client files.**

# HEAD OF HOUSEDHOLD ELIGIBILITY

***You may file Head of Household if you can answer YES to ALL the following questions. (See Publication 17, Chpt 2&3)***

 Yes No You are unmarried or are considered unmarried on the last day of the year.

 Yes No You paid more than half the cost of keeping up a home for the year.

 Yes No A qualifying person (definition below) lived with you in the home for more than half the year (except temporary absences, such as school), and you can claim an exemption for him/her except as noted under Category 3 below.

A **qualifying person** requirements are: (See Table 2-1, Publication 17)

1. A qualifying relative such as parent, grandparent, brother, sister, stepbrother, stepsister, stepmother, stepfather, father-in-law, half-brother, half-sister, brother-in-law, sister-in-law, daughter-in-law, uncle, aunt, nephew, or niece who is related to you by blood and lived with you for the entire year.
2. Child, grandchild, stepchild, or adopted child.
3. Eligible foster child. (Note: For eligibility for dependent only a foster child is a child who is in your care, that you care for as your own child, and who lived with you the entire year. It does not matter how the child became a member of the household).

# EARNED INCOME CREDIT (EIC) ELIGIBILTY

***You may claim the EIC if you can answer YES to ALL 4 tests below. (See publication 17, Chapter 36)***

### Relationship Test

 Yes No Your child/ children is/are one of the following: a son, daughter, adopted child, stepchild, grandchild, or eligible foster child or is your brother, sister, stepbrother, stepsister (or the child or grandchild of your brother, sister, stepbrother, or stepsister), and you care for it/them as you would your own child.

### Age Test

 Yes No Your child/children is/are under 19 years of age at the end of the year, or is under 24 years of age at the end of the year and is a full-time student, or was permanently and totally disabled at any time during the tax year, regardless of age.

### Residency Test

 Yes No Your child/ children lived with you for more than half the year (or the whole year if an eligible foster child)

 Yes No Your home is in the United States

### Qualifying Child of another Test

 Yes No If your child/ children is/are the qualifying child/ children of another individual, you are the only person claiming the credit for that/ those child/children during the tax year. (Note: If the answer is NO, refer to the tiebreaker rule. You may still be able to take the credit.

# FOSTER CHILD ELIGIBILTY

***The definition of a foster child has changed. For establishing eligibility for dependency, see above. For establishing eligibility for the Child Tax Credit and Earned Income Credit you must be able to answer YES to ALL the questions below.***

 Yes No You cared for the child/ children as you would your own child.

 Yes No The child/ children lived with you for the entire year, except for temporary absences.

 Yes No The child/ children was/ were placed in your care by a State, one of its subdivision, or placement agency.

**I attest and affirm that the information provided to complete this Eligibility Checklist is true and correct to the best of my knowledge. I understand the IRS may randomly question eligibility and that if my tax return is randomly selected for review, that my return, refund, direct deposit, or any combination thereof may be delayed or denied*.***

### Taxpayers Signature SSN Date

Were you self-employed? Yes / No If yes, please continue to fill out this form

Did you work a job & do anything to make extra money on the side? Yes / No

What type of work?

\*(Being self-employed means that you provides a service or trade selling goods or making money offering services to people who need them) Ex. Barber, Stylist, Cutting grass, Painter, Cleaner or Janitorial services, babysitting, entertainer, auto detail, promoting, party or event planner

**Self-Employment Form**

## Business Name

Sales/ Receipts Cost of Goods for Sale Advertising Auto Mileage or Cost Commissions & Fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contacts Labor Employee Benefits Insurance Mortgage Interest Other Interest

Professional Fees Office Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment Rent/ Lease Property Rent General Repair’s Taxes/ Licenses Travel Meals/ Entertainment Utilities Wages

**Other Expenses**

**Real Estate & Equipment Purchased**

**Description**

**Date**

**Cost**

**If you are owed a refund**

How would you like your IRS refund issued to you? Papercheck \_\_\_\_\_ Direct Deposit\_\_\_\_\_\_\_

If you would like your refund to be Direct Deposited, please indicate the information here:

Checking \_\_\_\_ Savings \_\_\_\_ Name of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **If you owe a tax bill**

Would you like to discuss paying by electronic withdrawal? Yes/No

Is there any additional information or questions that you may have for me?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I (print name) hereby state that the foregoing information is true and correct to the best of my knowledge and recollection and holds no bearings upon the preparer or staff of Hall’s Notary Service.**

**X Date:**