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Description automatically generated Due Diligence Questionnaire**

You are being supplied with this questionnaire because you have claimed one of these credits in the past or you have indicated that you will be claiming one of them this year.

The questionnaire is designed to assist us in qualifying you for some valuable refundable tax credits. While the questions may seem to be a little intrusive at times, they are questions that we are required to ask under the Due Diligence Requirements of the new Tax Laws.

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Filing Status:** \_\_\_\_\_Single \_\_\_\_\_Head of Household \_\_\_\_\_\_Married Filing Jointly

\_\_\_\_\_\_Married Filing Separately

*Head of Household can ONLY be claimed by taxpayers with a Qualified Dependent AND who are:*

*1. Single and paying more than 1⁄2 cost of keeping up a home (complete worksheet below), OR*

*2. Married but did not live with your spouse AT ANY TIME in the last 6 months of the year OR*

*3. Divorced or LEGALLY separated* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were you unmarried or considered unmarried on the last day of the year?

**YES or NO (please circle)**

1. If you were married on December 31st, did you live apart from your spouse for EVERY night within the last 6 months of the tax year?

**YES or NO (please circle)**

1. Have you ever been disallowed the EITC/AOTC/CTC? If so, when?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will the other parent of the child/children be claiming the child on their tax return?

**YES or NO (please circle)**

1. Did you provide over 50% of the upkeep and maintenance of your home for yourself and your dependent in the tax year?

**YES or NO (please circle)**

1. Did anyone that provides financial support, live with you in your home during the tax year? \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have full custody of your dependent(s)? And can provide documented proof to the IRS if requested.

**YES or NO (please circle)**

1. How many months did the dependent(s) live in your home during the tax year? \_\_\_\_\_\_\_\_\_
2. Can anyone else claim your dependent(s) as a dependent on their tax return?

**YES or NO (please circle)**

**Not Your Biological Child Section:**

***Please ONLY answer these questions in this section if the child/children on your return is NOT your biological child.***

1. If this is not your biological child, what is your relationship to the dependent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Did the dependent live in your home for more than 6 months?

**YES or NO (please circle)**

1. Who are the biological parents? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Where are the biological parents? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you listed as the guardian for this dependent(s) on school records, medical records, daycare records, or place of worship records?

**YES or NO (please circle)**

**College Students ONLY:**

***Please complete this section ONLY if you or your dependent is in college.***

1. Which college did the student attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Did the student attend at least half time? **YES or NO (please circle)**
3. Did this student receive a tuition statement from the school? Form 1098-T?

**YES or NO (please circle)**

1. How many tax years have you claimed the American Opportunity Tax Credit? \_\_\_\_\_\_\_\_\_
2. Does the student have any drug related felonies? \_\_\_\_\_\_\_\_\_\_

**Taxpayer Certification:**

CAN YOU, THE TAXPAYER, PROVIDE SCHOOL/MEDICAL/DAYCARE/PLACE OF WORSHIP/BIRTH CERTIFICATES UPON REQUEST FROM THE IRS?

**YES or NO (please circle)**

***I, the taxpayer has provided all answers to the above questions to be true and correct to the best of the taxpayer’s knowledge. Taxpayer has been informed that claiming a dependent for EITC/CTC/AOTC/HOH or other can result in an audit, fines and penalties if information provided to preparer is incorrect.***

**Signature of taxpayer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**