



REBECCA COCHRAN CPA LLC

PROFESSIONAL TAX AND ACCOUNTING SERVICES

Date: _____

Client Name: _____ DOB: _____ SSN: _____

Spouse Name: _____ DOB: _____ SSN: _____

Address: _____

City, State Zip: _____ County: _____

Client Phone Number: _____ Client Email: _____

Spouse Phone Number: _____ Spouse Email: _____

QUESTIONS

1. Do you have any dependents? If yes, fill out dependent sheet YES NO

2. Does anyone on this return (including dependents) have an IP
PIN? If yes, provide here _____ YES NO

3. Did you or anyone in your household receive health
Insurance through the Marketplace? YES NO

4. Did anyone receive unemployment compensation? YES NO

5. At any time in the tax year did you pay for higher
education expenses or student loan interest? YES NO

6. At any time during the year, did anyone (a) receive (as a reward,
award, or payment for property or services); or (b) sell, exchange,
gift or otherwise dispose of a digital asset (or a financial interest in
a digital asset)? YES NO

7. At any time during the year, did you have a financial interest in or
signature authority over a financial account (such as a bank account,
securities account or brokerage account) located in a foreign country? YES NO

Did you make any estimated payments for the tax year? Please list below the date of which it was paid, and how much.

FED: #1 Date _____ Amount _____ #2 Date _____ Amount _____

#3 Date _____ Amount _____ #4 Date _____ Amount _____

(STATE): #1 Date _____ Amount _____ #2 Date _____ Amount _____

#3 Date _____ Amount _____ #4 Date _____ Amount _____

(STATE): #1 Date _____ Amount _____ #2 Date _____ Amount _____

#3 Date _____ Amount _____ #4 Date _____ Amount _____

If you receive a refund, would you like direct deposit?

YES NO

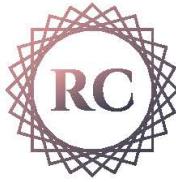
If yes fill in the following:

Bank Name: _____

Routing Number: _____

Account Number: _____

Type of Account: Checking Savings



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Date: _____

Client Name: _____

Please complete one form for each dependent child for the above tax return and year. Bold items may be omitted for returning clients.

First Name: _____

Middle Name: _____

SSN: _____

Last Name: _____

Relation to client: _____

DOB: _____

Due Diligence Questions

1. Is either of the following true? The dependent is 1) unmarried
OR 2)the dependent can be claimed as the taxpayer's dependent
and is not filing a joint return (except to claim a refund)? YES NO

2. Did the dependent live with the taxpayer in the US for more than
half the year? YES NO

3. Is this dependent a US citizen? YES NO

4. Did you provide over 50% of the dependents support for the year? YES NO

5. Was this dependent a full time student (at least 5 months)? YES NO

6. Is this dependent permanently and totally disabled? YES NO

7. Can you provide documentation to substantiate eligibility for and
The amount of the credits claimed on the return? YES NO

8. Were any of credits relating to your dependent(s) disallowed
Or reduced in a previous year? YES NO