

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 _____

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

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

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

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

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

YES NO

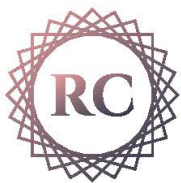
If yes fill in the following:

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 |