

Turbo Business Solutions Inc. Client Intake Form

Tax Year:

Did you obtain your health insurance through the Market Place? (OBAMACARE) Yes No

Employer provided health insurance Yes No

Self-Paid Insurance? Yes No

Do you have for 1095 A B C

<p>Filing Status:</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married Filing Joint</p> <p><input type="checkbox"/> Married Filing Separate</p> <p><input type="checkbox"/> Head of Household</p> <p><input type="checkbox"/> Qualifying Widower</p>	<p>Address:</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone # () Phone # ()</p> <p>Email Address _____</p> <p>Notes:</p>
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<p>Taxpayer:</p> <p>Social Security Number _____</p> <p>First Name _____</p> <p>Middle Name _____</p> <p>Last Name _____</p> <p>Date of Birth _____</p> <p>Occupation _____</p>	<p>Spouse:</p> <p>Social Security Number _____</p> <p>First Name _____</p> <p>Middle Name _____</p> <p>Last Name _____</p> <p>Date of Birth _____</p> <p>Occupation _____</p>
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Dependents:

First Name	Last Name	Date of Birth	Social Security #	Relationship	# of months lived with you during year

Child Care Expenses? Yes <input type="checkbox"/> No <input type="checkbox"/> , If yes :
Name of Child Care Provider:
Federal Identification # or SSN:
Address:
Amount Paid:
For which dependent?
Name of Child Care Provider:
Federal Identification # or SSN:
Address:
Amount Paid:
For which dependent?

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TAXPAYERS DUE DILIGENCE QUESTIONNAIRE

Head of Household

You may be able to file as a head of household if you meet the following requirements:

1. Were you unmarried or "considered unmarried" on the last day of the year: Yes No
2. Did you paid for more than 50% of the cost of keeping up a home: Yes No
3. Did a qualifying dependent live with you in the home for more than half of the year? Yes No

*However, if the qualifying person is your dependent parent, he or she does not have to live with you as long as you pay more than half the cost of keeping up a home that was the main home for the entire year for your father or mother.

Additional Questions:

- ❖ Have you ever been disallowed the EITC/AOTC/CTC? If so, when? _____
- ❖ Did you live in the United States for more than half of the year? Yes No
- ❖ If you are a single parent, where is the other parent (s) _____
- ❖ Are you the custodial parent? Yes No
 - If no, do you have form 8332 signed by the custodial parent? Yes No

Qualifying Dependents:

Test to be a qualifying dependent:

1. Was the dependent your biological child, stepchild, foster child, sibling, half sibling, step-sibling, or a descendant of any of them? Yes No Explain:
2. Was the dependent: (a) under the age of 19 at the end of the year and younger than you (or spouse, if MFJ) (b) under the age of 24 at the end of the year and a full time student, or (c) any age if permanently and totally disabled? Yes No Explain:
3. Did the dependent live with you for more than half of the year? (except parents) Yes No Explain:
4. Did the dependent provide more than half of his or her own support for the year? Yes No If yes, then not a qualifying dependent
5. Did the dependent file a joint return for the year? Yes No Explain:
If yes, then not a qualifying dependent

School Credits

1. Which college did the student attend? _____
2. Did student attend at least half time? Yes No
3. Degree Seeking? _____
4. Did this student receive a tuition statement from the school? Yes No
5. Other Books/Materials \$ _____
6. How many tax years have you claimed the AOTC? _____
7. Drug Related Felonies? Yes No

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Notes:

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.

Taxpayer Signature _____ Spouse Signature _____

Date: _____