

SPRINGFIELD

BOOKKEEPING & TAX SERVICES



Tax Season 2021 Due Diligence Checklist

Your Name: _____ Social Security Number: _____

Address: _____ City _____ State _____ Zip _____

Date of Birth: _____ Occupation: _____

Home Number: _____ Cell Number: _____

Cell Phone Carrier: _____

Email-Address: _____

Spouse Name: _____ Social Security Number: _____

Date of Birth: _____ Occupation: _____

Dependents

Name: _____ SS# _____

Date of Birth: _____ Relationship _____

Name: _____ SS# _____

Date Of Birth: _____ Relationship _____

Name: _____ SS# _____

Date Of Birth: _____ Relationship _____

Did your dependent(s) live with you during tax year 2021? _____ How many months? _____

1. Can anyone else claim this person(s) as a dependent(s)? _____
2. Did you claim the same dependent(s) last year? _____
3. If grandchild (ren) Please provide me following:
 - a. Parent(s) Name: _____
 - b. Address: _____
4. Do the parent(s) contribute to the care of the dependent(s)? _____



**Tax Season 2021
Due Diligence Checklist**

5. Do you have a birth certificate and security card for your dependent(s)? _____
6. If you are audit by the IRS can you prove relationship, residency, and dependency for the dependent(s)? _____
7. Have you ever been denied the earned Income credit? _____
8. What type of public assistant did you receive? Please circle all that apply: Food Stamps; Housing Assistant; Welfare; Child Care Assistant
9. Did any of your dependent(s) make more than \$3000.00? _____ If yes which one?

10. Did you pay daycare for your dependent(s) so you could work? _____ If no who watched them so you could work? Name: _____, address _____; relationship to you _____

By signing this form you agree that all information provided to Springfield Bookkeeping & Tax Services is true according to the due delinquency form 8867 pertaining to the earned income credit checklist.

Signature: _____ Date: _____

Signature: _____ Date: _____