

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)? _____

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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: _____

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2021 Tax Season SELF EMPLOYED CHECK LIST

1. When did you start your business? _____
2. Do You have an EIN? _____ If yes # _____
3. Do you have business license? _____
4. How were earnings calculated? _____
5. Do you have a separate business bank account? _____
6. Did you keep written records to show business income and expenses? _____
7. What kinds of records do you have? _____
8. Do you have an appointment book showing clients dates & services provides? _____
9. Where did you purchase your supplies? _____
10. What kind of service(s) do you provide? _____
11. Will you be preparing 1099's? _____
12. Where did you perform your services? _____

If in your home: Do you have a designated work area in your home? _____

How much area is used for business? _____ Total Square footage of home? _____

Business Income: _____

Business Expenses: _____

| | | |
|-----------------|--------------------------|-----------------------|
| Supplies _____ | Travel /meals/ent. _____ | Legal/Prof Svs _____ |
| Rent _____ | Advertising _____ | Internet _____ |
| Postage _____ | Office Exp. _____ | Contract labors _____ |
| Phone _____ | Taxes & License _____ | Oil/Gas _____ |
| Utilities _____ | Repair & Main. _____ | COGS _____ |

By signing below, I certify that I am self-Employed and that the information given above is true and accurate to the best of my knowledge.

Client Signature: _____ Date: _____

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2021 Tax Season Tax Check List

1. How many jobs did you work in 2021? _____
2. Where you self-employed in 2021? _____
3. Did you receive interest income in 2021? _____
4. Did you receive unemployment in 2021? _____
5. Did you receive any type of settlement in 2021? _____
6. Did you receive social security in 2021? _____
7. Did you receive disability? _____ (If Yes You Should Not Be Filing a Tax Return)
8. Did you receive an Economic Impact Check (Stimulant) in 2021? _____ If yes you should have a form 6475 that you received from the IRS.
9. Did you receive Child Tax Credit payment (The check you received monthly) _____ If yes you should have a form 6419 from the IRS
10. Did you receive and W2G(s) from any gaming establishment in 2021? _____
11. Did you pull any money out of your retirement in 2021? _____
12. Where you, your spouse or depend child in college in 2021? _____
13. Are you purchasing (buying) your home? _____
14. Did your home foreclose in 2021? _____
15. Did you get forgiveness of any credit card debt(s)? _____
16. Do you have a debt with the IRS? _____ Do you owe back child support? _____
17. Do have an outstanding unpaid student loan? _____
18. Do you have health insurance? _____ Do the child(ren) have health insurance? _____
19. Was your health insurance with the Market Place (Affordable Care Act)? _____
20. Would you like your refund put on a Walmart Money Card, Your Prepaid Card, Direct Deposit (**void check required**), or Printed Check from office my office?
21. Would you like to apply for the Fast Cash Advance up to \$6000.00? _____

Signature of Primary Taxpayer, Date

Signature of Spouse (if applicable), Date

Taxpayer's Social Security Number

Spouse's Social Security Number