



Due Diligence Questionnaire for Clients



All Taxpayers:

1. Are you married? _____
2. Have you ever been disallowed the EITC/AOTC/CTC? If so, when? _____
3. Did you live in the United States and where? _____
4. If you are a single parent, where's the other parent(s) of your child/children? _____
5. What is the name of the other parent(s)? _____
6. Why is the other parent of the child/children not claiming the child? _____
7. Explain why the dependent(s) have different last names than the taxpayer _____
8. If you are separated/divorced, when did you last live in the same home? _____
9. Do you have joint custody of your child? _____
 - a. How long did the child live in your home during this tax year? _____
 - b. How long did your child/children live in the other parent's home during this tax year? _____
 - c. How much income did the other parent have during this tax year? _____
 - d. Do you have a signed Form 8332? _____
10. Did anyone else live in the home that provides financial support for your child/dependent(s)? _____
 - a. *If yes, who lives there and how much do they pay* _____
11. Does the taxpayer have full custody of their dependent(s)? _____
12. Is this your biological dependent(s) ? _____
13. How old were you when your oldest child was born that is listed on this return? _____
 - a. If the taxpayer was under the age of 18, explain circumstances and who/how the child was cared for until the taxpayer was old enough to support and care for her own child _____
14. How many months did the dependent(s) live in your home during the tax year ? _____
15. Can anyone else claim your dependent(s) as a dependent on their tax return? _____
16. Is your dependent married? _____
17. If you live alone, who babysits while you work (for children 12 & younger)? Name: _____
18. Do you receive any other type of supplemental, non-taxable income such as child support, welfare benefits, social security, etc? _____
 - a. *If so, how much and what kind?* _____

Not Biological Child:

19. If this is not your biological child, what is your relationship to the dependent? _____
20. Did the dependent live in your home for more than 6 months? _____
21. Do you have custody? _____ If so, through what court/agency? _____
22. Who are the biological parents? _____
23. Where do the biological parents live? _____



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24. What were the circumstances leading to the dependent(s) being placed in your home? _____

25. Do you receive any financial aid for this child such as WIC, Medicaid, SNAP, listed on your health insurance policy, etc.? _____
 If yes, which ones? _____
26. Are you listed as the guardian for this dependent(s) on school records, medical records, daycare records, or place of worship records? _____

College Credits

27. Which college did the student attend? _____
28. Did student attend at least half-time? _____ Degree Seeking? _____
29. Did this student receive a tuition statement from the school? _____ Other Books/Materials \$ _____
30. Did this student work while attending school? _____ If so, how much did they earn? _____
31. How many tax years have you claimed the AOTC? _____ Drug Related Felonies? _____
 PLEASE PROVIDE BURSAR STATEMENT OR ACCOUNT HISTORY

Disabled at any age:

32. If your dependent is over the age of 18 and Disabled, what is wrong with them? _____
33. Has this dependent been declared disabled by a physician? _____ If so, can you provide documentation? _____
34. Does dependent receive social security/disability benefits? _____ If so, how much do they receive? _____
35. Are you listed as the Social Security Representative Payee for this dependent? _____
36. Is this the dependent(s) expected to recover in the next year? _____
37. If this is not your biological child, why is this child living with you and not another family member?

38. Where are the biological parents of your disabled dependent(s)? _____
39. Who cares for the disabled dependent while the taxpayer works? _____

CAN YOU, THE TAXPAYER, PROVIDE SCHOOL/MEDICAL/DAYCARE/PLACE OF WORSHIP/BIRTH CERTIFICATES UPON REQUEST FROM THE GOVERNMENT? _____



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Filing Status

Single:

Others that lived in your home that is not reported on this tax return? _____ Income \$ _____

Is this person biologically related to your dependent(s)? _____ If yes, to what relationship? _____

Preparer Notes as to why the above-named relative is not claiming the child on the above-named relative's tax return: _____

Head of Household: Single parent paying more than 1/2 cost of keeping up a home

Monthly Income: _____ (wages, child support, other income)

Amount you paid

Total Cost

	Amount you paid	Total Cost
Property Taxes		
Rent		
Mortgage interest expense		
Utility Charges		
Upkeep and Repairs		
Property Insurance		
Food Consumed on the premises		
Other Household expenses		
Totals		

Do not count money received under public assistance/welfare/food stamps in the amount you paid. But include costs paid with public assistance in the total cost

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.

Preparer signature _____

Date inquiries were made _____

Answers were provided by taxpayer on the above date unless otherwise noted here: _____



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SELF EMPLOYMENT DILIGENCE

Description of business (Type of work, service rendered, product sold, business location, hours of operation) _____

EIN# _____ Any Employees? _____ # years in business _____

What kind of records do you keep? Check mark below

Customer receipt book		Accounting Records		Business Stationary	
Paid expense receipts		Log Books		Car Travel log	
Computer records		Business Bank Acct		Car/Truck Expense	
Ledgers		Suppliers		Client Statements	
Advertising		Rental Expense		Insurance	
Form 1099-Misc received		Form 1099-Misc issued		Other:	

Business Phone _____ Business Website _____

Business Address _____

How do you advertise? _____

Do you have a license? _____ Is a license required for your occupation? _____

Did you file state and/or local sales tax returns for the tax year?

How did you calculate your income? _____

How did you calculate your expenses? _____

If you do not have any business expenses, explain why:

Preparer Notes: _____

Taxpayer Signature (Business Owner/Subcontractor) _____

Date _____