

Veritas CPA Group LLC

Due Diligence Questionnaire for 2019

Yes	No	Due Diligence Questions for All Taxpayers
		Do you and your spouse have an SSN that allows you to work in the United States?
		Did you (or your spouse) have any foreign earned income?
		Were you (or your spouse) a non-resident alien for any part of the tax year?
		Did another person (other than your spouse) provide more than half of your support?
		Was your main home in the US for more than half the tax year? (Military personnel on active duty are considered to be living in the US)
		Can you provide documentation to prove eligibility for your filing status and any of the credit(s) claimed on your return?
		Were you or your spouse at least age 25 but under age 65 at the end of the year?
		Were any tax credits disallowed or reduced in a previous year?
		IF tax credits were disallowed or reduced, did you complete the required recertification?
		Did you have a child in your home for more than 6 months during the year? If no: Did you have a non-child dependent in your home for all 12 months of the tax year?
		Are you married? If yes , what months did your spouse live in the home with you? All 12 months _____ -or- List the months _____
		Did you receive any form of support for the person you are claiming as a dependent? If yes: What kind _____ and How much: \$ _____
		Did you and/or your spouse pay more than half of the expenses for your home? IF yes: You must be able to provide documentation to substantiate this during an audit. IF unsure , complete the Home Expense Substantiation Worksheet .
		If you are self-employed, did you provide us with accurate information regarding all business income and business expenses received and/or paid during the tax year?
		Did you provide more than half of the support for your, or your spouse's parent(s)?

Questions for Taxpayers with Children And/or College Students	Yes	No	Yes	No	Yes	No
Qualifying Child's Name:						
Your relationship to child:						
Child's Age:						
Does the child have a SSN that is valid for employment in the United States?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the child live with you in the US for more than half of the tax year? If yes: Did you give a "Release of Claim to Exemption for Child" to the Non-Custodial Parent for this child? If no: Do you have a "Release of Claim to Exemption for Child" signed by the Custodial Parent for this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone other than your spouse live in the home with you & your child? If yes: Name of person _____ Relationship to child _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the child married? If yes: Is the child filing a joint return with his or her spouse? If yes: Is the child filing a joint return only as a claim for refund?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the child between the ages of 19 and 24, and a full-time student? If yes: You must provide Form 1098-T, the Bursar statement and/or receipts for this child's tuition and education expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the child is over the age of 19 and not a student, is the child permanently and totally disabled? If yes: Do you have a physician's statement or social security records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above information is true and correct, **and** I have the documentation supporting all of the responses.

Taxpayer Signature: _____

Date: _____

Taxpayer Signature: _____

Date: _____