

# Veritas CPA Group LLC

## Tax Questionnaire & Documentation Guide for 2019

### ALL CLIENTS: PLEASE COMPLETE THE FOLLOWING INFORMATION:

	Taxpayer	Spouse
Name:		
Occupation:		
Date of Birth:		
Cell Phone:		
Email:		
Address:		
City, State, Zip:		
If you moved, provide date(s)		
<b>Required: Driver's License Info</b>		
Driver's License #:		
State of Issue:		
Date Issued:		
Date Expires:		
<b>Preferred contact person</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preferred contact method</b>	Cell <input type="checkbox"/> Email <input type="checkbox"/>	Cell <input type="checkbox"/> Email <input type="checkbox"/>

### NEW CLIENTS ONLY: PLEASE COMPLETE THE FOLLOWING INFORMATION

- Provide copies of your last year's federal, state & local returns
- Provide copies of all social security cards for you, your spouse and your dependents

**Make a Selection for Each Item.**

**If you are unsure of an item and would like to discuss it with your tax preparer, please leave the boxes for that item unchecked.**

Yes	No	Personal Data
<input type="checkbox"/>	<input type="checkbox"/>	Can you or your spouse be claimed as a dependent by another taxpayer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you get <b>MARRIED, SEPARATED, or DIVORCED</b> last year? (circle any that apply) Date that it occurred: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you or your spouse under the age of 65 and permanently and totally disabled?
<input type="checkbox"/>	<input type="checkbox"/>	Would you like to direct deposit any refund? Please enter the last 4 digits of your bank account number (_____)
<input type="checkbox"/>	<input type="checkbox"/>	If you owe tax, would you like to have it directly debited from this account?
<input type="checkbox"/>	<input type="checkbox"/>	Was any member of your family a victim of Identity Theft and received an Identity Protection PIN?
<input type="checkbox"/>	<input type="checkbox"/>	Were you (or your spouse) in the military or reserves?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to contribute \$3 to the Presidential Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Have you received any notices/correspondence from the IRS or any taxing authority in the last year?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any prior year tax returns that are either unfiled or unpaid? <b>If yes</b> , provide copies.
<input type="checkbox"/>	<input type="checkbox"/>	Would you like a tax projection for next year? Additional fees will apply.
Yes	No	Children and Dependents
	<input type="checkbox"/>	<b>If you do not have any children or dependents, check No, and skip to the next section.</b>

If you are claiming any dependents, list info below. Do not include your spouse.

Name	DOB	Last 4 SS#	Relationship	# Of Months in Home during 2019

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Yes	No	<b>Children and Dependents, Cont'd</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you adopt any children last year? Name: _____ Date of birth: _____ SSN: _____
<input type="checkbox"/>	<input type="checkbox"/>	Does your adopted child have special needs? Provide Court Order documentation.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foster children?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any deaths of a spouse or a dependent that lived in your household last year? Name: _____ Date of death: _____ SSN: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you claiming anyone as a dependent that did not live with you for at least 6 months of last year? Name of person(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay more than one-half of the support for your parent(s)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you need us to file tax returns for any dependents? Name(s) _____, _____
<input type="checkbox"/>	<input type="checkbox"/>	Can you no longer claim a dependent that you claimed last year? Name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have childcare expenses or day camp costs for children under 13? Provide statement(s).
Yes	No	<b>Business Income</b>
	<input type="checkbox"/>	<b>If you are not involved in any type of business, check No and skip to the next section</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a new business last year? Check box if: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a sole proprietorship business? <b>If yes</b> , fill out a <a href="#">Business worksheet</a> or provide profit and loss statement. Provide any 1099-Misc Forms received.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a farm business? <b>If yes</b> , provide profit and loss statement.
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any non-employees \$600 or more for services rendered to or rent paid by your business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you issue 1099 forms to your service providers? <b>If yes</b> , provide copies.
<input type="checkbox"/>	<input type="checkbox"/>	Did you barter for any services or products?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any business or farm assets, or ownership interests?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a home office? <b>If yes</b> , fill out a <a href="#">Home Office worksheet</a> .
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car for your business, other than commuting to work? <b>If yes</b> , fill out a <a href="#">Vehicle worksheet</a> for each vehicle used.
Yes	No	<b>Pass Through Entities</b>
<input type="checkbox"/>	<input type="checkbox"/>	Are you a shareholder in an S Corporation? <b>If yes</b> , provide a copy of K-1 Form 1120S.
<input type="checkbox"/>	<input type="checkbox"/>	Are you a partner in a Partnership? <b>If yes</b> , provide a copy of K-1 Form 1065.
<input type="checkbox"/>	<input type="checkbox"/>	Did you acquire a new or additional ownership in a Partnership or S Corporation?
<input type="checkbox"/>	<input type="checkbox"/>	Were you a beneficiary of an Estate or Trust? <b>If yes</b> , Provide Form K-1 Form 1041.
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any or all of a Partnership or S-Corp interest?
Yes	No	<b>Rental Income</b>
	<input type="checkbox"/>	<b>If you did not own property or equipment that you rented to others, check No and skip to the next section.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any rental income or expenses? <b>If yes</b> , fill out a <a href="#">Rental worksheet</a> .
<input type="checkbox"/>	<input type="checkbox"/>	Did you <b>buy, sell or exchange</b> any rental property?
<input type="checkbox"/>	<input type="checkbox"/>	Did the bank foreclose on a rental property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you own at least 10% of the rental property <b>and</b> have substantial involvement in managing it?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay anyone \$600 or more for services rendered for your rental property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you issue 1099 forms to your service providers? <b>If yes</b> , provide copies.
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car for purposes related to rental properties? <b>If yes</b> , fill out a <a href="#">Vehicle worksheet</a> for <b>each vehicle</b> used.
Yes	No	<b>Foreign Accounts</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an account with a foreign financial institution in which the account balance was over <b>\$10,000 at any time</b> during the past year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you hold any interest in a foreign asset during the tax year in which the account balance was in excess of <b>\$50,000 at year-end</b> or more than <b>\$75,000 at any time</b> during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a gift from a foreign person, estate, partnership, or corporation at any time during the year? (Preparer use Form 3520 Page 6, Part IV)

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Yes	No	<b>Investment Data</b> (Provide Forms 1099B, 1099DIV & 1099INT as applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Do you or your children have brokerage accounts? <b>If yes</b> , provide 1099 Summary.
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any stock, securities, or mutual funds not from a brokerage account?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy, sell or exchange any land or other property? <b>If yes</b> , provide documentation.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any interest income? <b>If yes</b> , provide Form(s) 1099-INT.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any dividend income? <b>If yes</b> , provide Form(s) 1099-DIV.
<input type="checkbox"/>	<input type="checkbox"/>	Have any of your investments become worthless (ex: company bankruptcy)? <b>If yes</b> , provide documentation.
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell property on an installment basis? (Two or more payments received in two separate years.)
<input type="checkbox"/>	<input type="checkbox"/>	Did your employer grant you stock options, or did you exercise and/or sell any stock options?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE or I United States Savings Bonds that were issued after 1989?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make gifts to any one individual person or trust totaling more than \$15,000 during the past year? (Not to a charity)
Yes	No	<b>Retirement Income, Contributions &amp; Distributions</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive Social Security or Railroad Retirement Benefits? <b>If yes</b> , provide Form(s) SSA-1099/RRB-1099.
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse contribute to a retirement plan with your employer? (401K, 403b, 457, Simple)
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute, or will you contribute, to a Self-Employed pension plan? (SEP, Keogh, Profit Sharing)
<input type="checkbox"/>	<input type="checkbox"/>	Would you like to make additional contributions, if eligible?
<input type="checkbox"/>	<input type="checkbox"/>	Did you take any money out of your 401K, pension, IRA or Roth IRA last year? <b>If yes</b> , provide Form 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	Did you rollover any funds to a Traditional or Roth IRA last year? Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Do you have a Traditional IRA? If yes</b> , provide year-end statement & Form 5498 (when received).
<input type="checkbox"/>	<input type="checkbox"/>	<b>Did you contribute to a Traditional IRA</b> last year? (Do not include rollovers) Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Do you have a Roth IRA? If yes</b> , provide year-end statement & Form 5498 (when received).
<input type="checkbox"/>	<input type="checkbox"/>	<b>Did you contribute to a Roth IRA</b> last year? (Do not include rollovers) Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever made a non-deductible contribution to your Traditional IRA? (New clients must provide their most recent Form 8606.)
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert a Traditional IRA to a Roth IRA last year? Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you retire in the current year, or do you plan to retire in the next 12 months? (Tax planning & projection recommended; additional fees will apply.)
Yes	No	<b>Employment &amp; Non-Business Income (Provide ALL Forms W2)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any W-2's? <b>If yes</b> , provide <b>all</b> documentation from <b>all</b> employers.
<input type="checkbox"/>	<input type="checkbox"/>	Do you receive tips not reported to your employer? Amount \$ _____ Employer: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any unemployment? <b>If yes</b> , provide Form 1099-G.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any royalties? <b>If yes</b> , provide Form 1099-MISC.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive alimony? <b>If yes</b> , provide Amount \$ _____ & copy of divorce decree.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any Jury Duty pay? \$ _____ (taxpayer or spouse?)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive Election Board pay? \$ _____ (taxpayer or spouse?)
<input type="checkbox"/>	<input type="checkbox"/>	Did you have gambling winnings? <b>If yes</b> , provide Form W-2G and documentation for any gambling losses incurred. Winnings \$ _____ Losses \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your dependent child (whom you can claim) receive any prizes or awards?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any state or local income tax refunds? <b>If yes</b> , provide Form(s) 1099-G.
<input type="checkbox"/>	<input type="checkbox"/>	Did you file bankruptcy or have any debt cancelation/forgiveness? <b>If yes</b> , provide Form 1099A or 1099C.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any sales or other exchanges of virtual currencies (ex: Bitcoin), or used virtual currencies to pay for goods or services, or are you holding virtual currencies as an investment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any other income not mentioned above? Description and amount: _____ \$ _____ Description and amount: _____ \$ _____

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Yes	No	<b>Educational Expenses</b> (Provide Forms 1098E, 1098T & 1099Q as applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone in your family attend college during the year? <b>If yes</b> , provide Form 1098-T and Bursar statement for the tax year.
		Names of students in college: Student #1 _____ Student #2 _____
<input type="checkbox"/>	<input type="checkbox"/>	Do the college courses lead to a degree or certificate? Describe degree or certificate: Student #1 _____ Student #2 _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any withdrawals from a 529 Plan? <b>If yes</b> , provide Form 1099-Q.
<input type="checkbox"/>	<input type="checkbox"/>	Was any part of the withdrawal used for K-12 tuition? <b>If yes</b> , how much? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any out of pocket college expenses for books, computer, etc.? <b>If yes</b> , provide receipts.
<input type="checkbox"/>	<input type="checkbox"/>	Did your employer reimburse educational expenses? <b>If yes</b> , how much? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay interest on student loans? <b>If yes</b> , provide Form 1098-E.
Yes	No	<b>Health Savings Account</b>
	<input type="checkbox"/>	<b>If you do not have a Health Savings Account (HSA) check No and skip to next section</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your employer contribute to your Health Savings Account (HSA) last year? (not an FSA, Flexible Spending Account) Provide Form 5498-SA. <b>If no</b> , skip to next section.
<input type="checkbox"/>	<input type="checkbox"/>	Is the contribution included on your W-2?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make contributions other than through your employer?
<input type="checkbox"/>	<input type="checkbox"/>	Did the plan cover your family?
<input type="checkbox"/>	<input type="checkbox"/>	Enter number of months of HSA coverage _____. Was it in effect for December?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use any money from your HSA account? <b>If yes</b> , provide Form 1099-SA.
<input type="checkbox"/>	<input type="checkbox"/>	Was all money used for qualified medical expenses?
Yes	No	<b>Health Insurance &amp; Medical</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay out of pocket medical expenses? <b>If yes</b> , fill out a <a href="#">Medical Worksheet</a> . <i>Medical Expenses include after tax insurance payments (do not include any pre-tax payments)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay for Long Term Care insurance? Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have health insurance last year? <b>If yes</b> , check all the plans that apply and provide Form(s) 1095-A, 1095-B, 1095-C if available. <input type="checkbox"/> Marketplace <input type="checkbox"/> Individual <input type="checkbox"/> Employer <input type="checkbox"/> COBRA <input type="checkbox"/> Retiree <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> TRICARE <input type="checkbox"/> Veterans health care programs <input type="checkbox"/> CHIP
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone in your family qualify for an exemption through the marketplace? <b>If yes</b> , provide exemption letter.
<input type="checkbox"/>	<input type="checkbox"/>	Are you an owner of the company through which your health insurance was provided?
Yes	No	<b>Home Owner Deductions &amp; Credits</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a mortgage on any personal residence(s) that you own? <b>If yes</b> , Provide Form(s) 1098.
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your mortgages paid off or refinanced? <b>If yes</b> , provide bank information: Old Bank: _____ New bank: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay interest on a Second Mortgage, Home Equity Loan or Line of Credit? Provide Form 1098. <b>If yes</b> : What was the money used for? _____
<input type="checkbox"/>	<input type="checkbox"/>	Was any one of your second mortgages paid off or refinanced? <b>If yes</b> , provide bank information: Old Bank: _____ New bank: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell your home? <b>If yes</b> , Provide Form 1099-S or HUD statement.
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay points? <b>If yes</b> , provide settlement statement (HUD-1).
<input type="checkbox"/>	<input type="checkbox"/>	Did the bank foreclose on your home?
<input type="checkbox"/>	<input type="checkbox"/>	Did you take the First-Time Homebuyer credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay real estate taxes not included on your Form(s) 1098? <b>If yes</b> , provide receipts for out-of-pocket real estate taxes paid last year.

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Yes	No	<b>Charity</b>						
<input type="checkbox"/>	<input type="checkbox"/>	Did you make cash payments or write checks to charity, or donate online? <b>If yes</b> , provide documentation and/or cancelled checks. <i>All cash donations require receipts, and for gifts more than \$250, you must have a written statement from the charity.</i>						
<input type="checkbox"/>	<input type="checkbox"/>	Did you give any clothing, household items, furniture, etc., to charity? <b>If yes</b> , provide receipts that include the charity name, address and value of the donation.						
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your non-cash contributions an auto or boat? <b>If yes</b> , provide Form 1099 for each donation.						
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer monies from your IRA directly to a charity? (Qualified Charitable Distribution)						
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur out of pocket expenses to do volunteer work for charity? <b>If yes</b> , provide receipts.						
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car to do volunteer work for charity? <b>If yes</b> , fill out a <a href="#">Vehicle Worksheet</a> .						
Yes	No	<b>Other Expenses</b>						
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay alimony? <b>If yes</b> , Year of Decree _____ Amount \$_____ Ex-spouse's Name and SS# _____ <b>Do not</b> include child support.						
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a casualty loss in a Federally Declared Disaster Area? <b>If no</b> , skip following questions.						
<input type="checkbox"/>	<input type="checkbox"/>	Did your insurance company reimburse you for any casualty or theft losses?						
<input type="checkbox"/>	<input type="checkbox"/>	Did your casualty or theft loss exceed 10% of your income after insurance reimbursement?						
<input type="checkbox"/>	<input type="checkbox"/>	<b>If yes</b> , did you use all of the proceeds for the repairs?						
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any business or personal expenses reimbursed by your employer? List amount/type of expense(s): _____						
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur classroom expense as a teacher for which you were not reimbursed? \$_____						
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay anyone \$2,100.00 or more to perform household services during the year, such as a nanny, babysitter, caretaker, housekeeper, cook or gardener?						
<input type="checkbox"/>	<input type="checkbox"/>	Did you move as an Active Duty Military member?						
Yes	No	<b>Taxes</b>						
<input type="checkbox"/>	<input type="checkbox"/>	Did you make estimated tax payments for last year? <b>If yes</b> , provide copies of cancelled checks and/or a schedule of the payments made.						
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any back taxes for state or local, in the current year?						
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any refunds from last year applied to this year's tax return?						
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any large purchases that you paid sales tax on?						
Yes	No	<b>Residential Energy Credits</b>						
	<input type="checkbox"/>	<b>If not applicable, check No and skip to next section</b>						
During last year did you purchase: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Qualified solar water heating system</td> <td style="width: 33%;"><input type="checkbox"/> Qualified small wind energy system</td> <td style="width: 33%;"></td> </tr> <tr> <td><input type="checkbox"/> Qualified solar electric system</td> <td><input type="checkbox"/> Qualified geothermal heat pump</td> <td><input type="checkbox"/> Qualified fuel cell property</td> </tr> </table>			<input type="checkbox"/> Qualified solar water heating system	<input type="checkbox"/> Qualified small wind energy system		<input type="checkbox"/> Qualified solar electric system	<input type="checkbox"/> Qualified geothermal heat pump	<input type="checkbox"/> Qualified fuel cell property
<input type="checkbox"/> Qualified solar water heating system	<input type="checkbox"/> Qualified small wind energy system							
<input type="checkbox"/> Qualified solar electric system	<input type="checkbox"/> Qualified geothermal heat pump	<input type="checkbox"/> Qualified fuel cell property						
If you made any of the above purchases, you must provide receipts for the installation and documents proving energy-efficient credit qualification.								
Yes	No	<b>State Returns</b>						
<input type="checkbox"/>	<input type="checkbox"/>	Did you make internet purchases for which you did <b>not</b> pay sales tax? <b>If yes</b> , total amount subject to sales tax \$_____						
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to an Ohio Political campaign? \$_____						
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a 529 Plan? <b>If yes</b> , provide year-end statements.						
<input type="checkbox"/>	<input type="checkbox"/>	Did you withdraw any funds from a 529 plan? <b>If yes</b> , provide Form 1099Q.						
<input type="checkbox"/>	<input type="checkbox"/>	<b>If yes</b> , did you use 100% for college expenses?						

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

Prepared by \_\_\_\_\_

Date \_\_\_\_\_

# Veritas CPA Group LLC

## Tax Questionnaire & Documentation Guide for 2019

Yes	No	Due Diligence Questions for All Taxpayers					
<input type="checkbox"/>	<input type="checkbox"/>	Do you and your spouse have an SSN that allows you to work in the United States?					
<input type="checkbox"/>	<input type="checkbox"/>	Did you (or your spouse) have any foreign earned income?					
<input type="checkbox"/>	<input type="checkbox"/>	Were you (or your spouse) a non-resident alien for any part of the tax year?					
<input type="checkbox"/>	<input type="checkbox"/>	Did another person (other than your spouse) provide more than half of your support?					
<input type="checkbox"/>	<input type="checkbox"/>	Was your <b>main home in the US</b> for more than half the tax year? (Military personnel on active duty are considered to be living in the US)					
<input type="checkbox"/>	<input type="checkbox"/>	Can you provide documentation to prove eligibility for your filing status and any of the credit(s) claimed on your return?					
<input type="checkbox"/>	<input type="checkbox"/>	Were you or your spouse at least age 25 but under age 65 at the end of the year?					
<input type="checkbox"/>	<input type="checkbox"/>	Were any tax credits disallowed or reduced in a previous year?					
<input type="checkbox"/>	<input type="checkbox"/>	<b>IF</b> tax credits were disallowed or reduced, did you complete the required recertification?					
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a child in your home for more than 6 months during the year?					
<input type="checkbox"/>	<input type="checkbox"/>	<b>If no:</b> Did you have a non-child dependent in your home for all 12 months of the tax year?					
<input type="checkbox"/>	<input type="checkbox"/>	Are you married? <b>If yes</b> , what months did your spouse live in the home with you? All 12 months _____ -or- List the months _____					
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any form of support for the person you are claiming as a dependent? <b>If yes:</b> What kind _____ and How much: \$ _____					
<input type="checkbox"/>	<input type="checkbox"/>	Did you and/or your spouse pay more than half of the expenses for your home? <b>IF yes:</b> You must be able to provide documentation to substantiate this during an audit. <b>IF unsure,</b> complete the <b>Home Expense Substantiation Worksheet</b> .					
<input type="checkbox"/>	<input type="checkbox"/>	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?					
<input type="checkbox"/>	<input type="checkbox"/>	Did you provide more than half of the support for your, or your spouse's parent(s)?					
Additional Questions for Taxpayers with Children & College Students		Yes	No	Yes	No	Yes	No
<b>Qualifying Child's Name:</b>							
<b>Your relationship to child:</b>							
<b>Child's Age:</b>							
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?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes:</b> Did you give a "Release of Claim to Exemption for Child" to the Non-Custodial Parent for this child?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If no:</b> 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?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes:</b> Name of person _____ Relationship to child _____							
Is the child married?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes:</b> Is the child filing a joint return with his or her spouse?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes:</b> 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?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes:</b> You must provide Form 1098-T, the Bursar statement and/or receipts for this child's tuition and education expenses.							
If the child is over the age of 19 and <b>not</b> a student, is the child permanently and totally disabled?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes:</b> 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"/>

Taxpayer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Taxpayer Signature: \_\_\_\_\_

Date: \_\_\_\_\_