

Veritas CPA Group LLC

Tax Questionnaire & Documentation Guide for 2020

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 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)							
<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"/>	IF 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"/>	If no: 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? If yes , what months did your spouse live in the home with you? All 12 months <input type="checkbox"/> <input type="checkbox"/> -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? If yes: 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? IF yes: You must be able to provide documentation to substantiate this during an audit. IF unsure , complete the Home Expense Substantiation Worksheet .							
<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
		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?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		If yes: 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"/>
		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?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		If yes: 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"/>
		If yes: 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"/>
		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?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		If yes: 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 not 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"/>
		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"/>

Taxpayer Signature: _____

Date: _____

Taxpayer Signature: _____

Date: _____