

Susan E. Thomas CPA, Ltd

Due Diligence Questionnaire & Documentation Guide for 2018

Yes	No	Due Diligence Questions For All Taxpayers
<input type="checkbox"/>	<input type="checkbox"/>	Do you and your spouse have a SSN that valid for employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign earned income?
<input type="checkbox"/>	<input type="checkbox"/>	Were you 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 credits disallowed/reduced in a previous year?
<input type="checkbox"/>	<input type="checkbox"/>	If disallowed/reduced, did you complete the required recertification form(s)?
<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 year?
<input type="checkbox"/>	<input type="checkbox"/>	Were you married on December 31, 2018? If yes, what months did your spouse live in the home with you? _____
<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 pay more than half of the bills for the home for 2018? If yes: Can you provide documentation to substantiate this?
<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 during the tax year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you provide more than half of the support for your parent(s)?
Additional Questions for Taxpayers with Children and/or College Students		
		Qualifying Child's Name:
		Your relationship to child:
		Child's Age:
		Yes No Yes No Yes No
Does the child have a SSN that is valid for employment?		<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Did anyone else live in the home with you and the 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If the child is between the ages of 19 and 24, is the child a full-time student? If yes: Do you have a bursar statement and/or receipts for this child's tuition and a Form 1098-T?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>