UNLIMITED TAXES & MORE, INC.®
"THE AFFORDABLE PROFESSIONAL ALTERNATIVE"

TAXPAYER QUESTIONNAIRE

PRIMARY TAXPAYER

PERSONAL INFORMATION

First Name:	Last Name:	M.I.:
SSN:	Date of Birth:	Job Title:
Phone Number:	Other Phone:	IP PIN:

Do you have health insurance coverage? ☐ Yes ☐ No	Does your Spouse and all your dependent(s) have health insurance coverage? ☐ Yes ☐ No	Does your employer offer health insurance coverage? ☐ Yes ☐ No

Email Address:	Can you be a dependent on another return? ☐ Yes ☐ No	Legally Blind? ☐ Yes ☐ No	Disabled? ☐ Yes ☐ No

Preferred Contact Method: ☐ Home Phone ☐ Cell Phone ☐ Work Phone ☐ Email ☐ Mail	Cell Phone Carrier

ADDRESS

Street Address:		Apt/Lot/Unit#:
City	State	Zip Code

Filing Status (Check the status that applies):

☐ **Single** – If you were Not married on or before December 31st of last year. And your dependents lived with you less than 6 months during last year.

☐ **Married Filing Joint (must complete ENTIRE Spouse Section)** – If you were married on or before December 31st of last year, or your Spouse died during the year.

☐ **Married Filing Separate (must complete name, social security number of date of birth of Spouse Section)** – If you were married on or before December 31st of last year and your Spouse is filing a tax return using this status.

- If MFS, did you live together at ANY time during the tax year? ☐ Yes ☐ No
  - If yes, did you live together during the final 6 months? ☐ Yes ☐ No
- If MFS, did your Spouse itemize his/her deductions? ☐ Yes ☐ No
  - Note: If your Spouse itemized deductions, Taxpayer must also itemize deductions.

☐ Head of Household – If you were NOT married as of December 31st of last year. And your qualified dependent lived with you more than 6 months.

☐ Qualified Widow(er) – If your Spouse died during the last 2 years prier to the current tax year. And your qualified dependent lived with you for 12 months of last year.

The above information is true and correct, and I/We understand that the information given will be used to complete my/our current year income tax return(s). I/We agree to hold this company harmless for any errors that they may make on my/our tax return. I/We also understand that error on my/our return will cause a delay in processing of the return and the receipt of the refund, if any.

TAXPAYER SIGNATURE	SPOUSE SIGNATURE	DATE

SPOUSE

First Name:	Last Name:	M.I.:	
SSN:	Date of Birth:	Job Title:	
Phone Number:	Other Phone:	IP PIN:	
Email Address:	Can you be a dependent on another return? ☐ Yes ☐ No	Legally Blind? ☐ Yes ☐ No	Disabled? ☐ Yes ☐ No

BANK INFORMATION

Bank Name:	Account Type: ☐ Checking ☐ Savings
Routing Number:	Account Number:
Will this refund go into an account outside of the United States? ☐ Yes ☐ No	

DEPENDENTS INFORMATION

First Name	Last Name	Date of Birth	SSN	Relationship to Taxpayer	No. of Months	Dep. Code	EIC Code	IP PIN

Dependent Codes:

1 = Lived with Taxpayer.
2 = Lived Elsewhere.
3 = Taxpayer's Parent.
4 = Other Dependent.

EIC Codes:

E = Eligible as of Dec. 31st, under the age of 19.
S = Student as of Dec. 31st, under the age of 24 & full-time student.
D = Disable as of Dec. 31st, Permanently & Totally disabled, at any age.
K = Qualifying Child was Kidnapped.
N = Not Eligible.

EARNED INCOME CREDIT

Part I: Qualifications – To be completed by Taxpayers WITH and WITHOUT a Qualifying Child(ren)

Could you or your Spouse if filing jointly, be considered "Qualifying Child" on another person's income tax return during the current tax year?	☐ Yes ☐ No

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TAXPAYER SIGNATURE _____ **SPOUSE SIGNATURE** _____ **DATE** _____

EARNED INCOME CREDIT (Continued)

Part II: Qualifying Children – To be completed by Taxpayers WITH dependents ONLY

Is the Child:	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
The Taxpayer's son, daughter or adopted child **OR** A Child of the Taxpayer's son, daughter or adopted child **OR** The Taxpayer's stepchild **OR** The Taxpayer's eligible foster child?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If the child is married, are you claiming this child as a dependent? If the child is not married, then simply mark yes.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Did the child live with you in the United States for over half the year **OR** The full year if the child is an eligible foster child?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was the child, at the end of the year: Under the age of 19 **OR** Under the age of 24 and a full time Student **OR** Any age and permanently and totally disabled?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Could any other person check "Yes" on the above four question for the child?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If you checked "NO" on any of the first four questions, then:
The child is not the Taxpayer's qualifying child. If the Taxpayer does not have a qualifying child, go to **Part III** to see if the Taxpayer can claim the EIC for people who do not have qualifying children.

Part III: Earned Income Credit – To be completed by Taxpayers WITHOUT a Qualifying Child

Was your main home and your Spouse, if filing jointly, in the United States for more than half the year? *Military personnel on extended active duty outside of the U.S. are considered to be living in the U.S. during that period.* **NOTE:** If you answered "NO", you are not able to qualify for the earned income credit.	☐ Yes ☐ No

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TAXPAYER SIGNATURE _____ **SPOUSE SIGNATURE** _____ **DATE** _____

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ATTESTATION AND DICLAIMER

Tax Year: _____

Taxpayer Name: _____ SSN: _____

Spouse Name: _____ SSN: _____

Taxpayer Initial	Spouse Initial	
		Unlimited Taxes & More, Inc. is not responsible if Taxpayer provides us with incorrect information (i.e. social security numbers for self, Spouse, or dependents, last names, birth dates). This may delay your refund.
		Unlimited Taxes & More, Inc. is not responsible for any IRS audits. All information obtained form the Taxpayer and/or Spouse must be presentable if the IRS audits your tax return.
		Unlimited Taxes & More, Inc. is not responsible for any incorrect tax figures provided by the Taxpayer and/or Spouse. If your tax figures change you will need to do an Amendment. Prices vary.
		If you have any federal or government debts (i.e. school loans, child support, DPP, DFCS, etc….) there is a chance that your refund will be applied towards your debt. You can call the offset department at 1-800-304-3107 or 1-800-829-7650 to see if your refund will be partially or fully taken. If your refund is fully taken you are responsible for paying the preparation fees.
		Unlimited Taxes & More, Inc. is not responsible for any discussions or changes the IRS or bank may make on disbursement dates, filing status or any other required information from the IRS.
		Unlimited Taxes & More, Inc. is not responsible for any IRS glitch problems or IRS problems that may cause a delay in your tax refund. We DO NOT reimburse any bank fees in the event of this occurrence.
		Unlimited Taxes & More, Inc. provides the Taxpayer with **ONE** complimentary copy of their tax return. Should you need any additional copies, there is a $15.00 fee per copy (federal and state included).

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I attest that all information contained in this income tax return was obtained from the Taxpayer or Spouse and is true and correct to the best of his/her knowledge.

TAXPAYER SIGNATURE	SPOUSE SIGNATURE	DATE

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Due Diligence Questionnaire

Tax Year:			
Tax Payer's Name:		Social Security Number:	
Spouse's Name:		Social Security Number:	
Tax Preparer Conducting Interview:		Date of Interview:	
Method of Interview:	☐ Phone	☐ In-Person	☐ Email

Check if not applicable →
Check if document requested and relied upon to support claim →

Filling Status	Taxpayer's Response		
1. Are you married?			
2. Are you divorced?			
3. Are you separated?			
4. When will your divorce be final?			
5. Have you lived apart from your spouse for the last 6 months of the year?			
6. Did you maintain more than half of the cost of the home?			
7. Is your spouse deceased?			
8. Other:			
9. Other:			

Qualifying Child	Taxpayer's Response		
1. What school did your child attend?			
2. Where does your child live?			
3. Does your child live with the other parent?			
4. What does your separation/divorce agreement state regarding who claims the child?			
5. Did the child pay for his/her own support during the year, such as food, rent, etc.?			
6. What is your child's birthdate?			
7. Is your child married and filing joint?			
8. Does the child have a valid social security number or ITIN?			
9. Is the child disabled? If Yes, answer "a" through "c".			
a. What type of disability does the child have?			
b. Does the child receive SSI or other disability payments?			
c. Do you have a letter from the child's doctor/healthcare provider stating that the child is permanently and totally disabled?			
10. Other:			
11. Other:			

Relationship Test	Taxpayer's Response		
1. If other than the taxpayer's son or daughter, does the child's biological parents live with the child? If No, where are the biological parents?			

If taxpayer has more than one child, enter additional information here:

	Check if not applicable	Check if document requested and relied upon to support claim
Form 1098 - T	**Taxpayer's Response**	
1. Has the student ever been convicted of a felony for the possession or distribution of a controlled substance (drugs)?		
2. Has the student completed the first 4 years of postsecondary education (a grad student)?		
3. Was the student enrolled at least half time for at least one academic period?		
4. How many years have you claimed the American opportunity tax credit?		
5. Did you pay additional amounts for books?		
6. Are there any other fees not on Form 1098-T?		
7. How many months was the student in school?		
8. Does the student have earned income?		
9. Other:		
10. Other:		
Business Income	**Taxpayer's Response**	
1. How long have you owned your business?		
2. Do you have any documentation to substantiate your business?		
3. Who maintains the business records for your business?		
4. Do you have separate bank accounts for personal and business transactions?		
5. Have you been issued a 1099-MISC to support the income?		
6. Do you have evidence of any exemption?		
7. Other:		
8. Other:		

ADDITIONAL COMMENTS:

Tax Payer's Signature

Tax Preparer's Signature

Spouse' Signature

Date