

Due Diligence Questionnaire											
Tax Year:											
Tax Payer's Name:				Social	Security Number:						
Spouse's Name:				Social	Security Number:						
Tax Preparer Conducting Intervi			ew:	•	Date of 1	Interview:					
Method of Interview:			Phone	In	-Person	Ema	 iil				
	Check if not applicable										
			Check if document reque	sted and relied upon	to support claim -						
Filling Status					Taxpayer's Response						
1. Are you married?											
2. Are you divorced?											
3. Are you	ı separated	?									
4. When v	vill your di	vorce be fi	nal?								
5. Have y	ou lived ap	art from yo	our spouse for the last 6 mon	nths of the year?							
6. Did you	ı maintain	more than	half of the cost of the home?	?							
7. Is your	spouse dec	eased?									
8. Other:											
9. Other:											
Qualifying	Child				Taxpayer's	Response					
1. What so	chool did y	our child a	ttend?								
2. Where	does your c	child live?									
3. Does ye	our child liv	ve with the	other parent?								
4. What d child?	oes your se	eparation/d	vorce agreement state regar	ding who claims the							
5. Did the	child pay f	for his/her	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 c	hild disable	ed? If Yes,	answer "a" through "c".								
a. What type of disability			does the child have?								
	7 1 7										
th	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						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								
Fo	rm 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:								
Bu	siness 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:								
ΑI	DDITIONAL COMMENTS:								
	Tax Payer's Signature	Tax Preparer's Signature							
	Spouse' Signature								
	Date								