



## PREPARER'S DUE DILIGENCE QUESTIONS 1

### GENERAL QUESTIONS

Taxpayer's Name :  Last 4 SSN:

How many people live in the household?  How many: Adults  Children

List Relationship(s):

How many work?  Does anyone above make more than taxpayer(s)?  Yes  No How much? \$

Are expenses shared? (groceries, rent, insurance, etc.)  Yes  No

### IF TAXPAYER (TP) LIVED WITH PARENTS – WHO PAYS:

<b>Rent:</b>	TP	<input type="text"/>	Parents	<input type="checkbox"/>	Other	<input type="checkbox"/>	How much? \$	<input type="text"/>
<b>Insurance:</b>	TP	<input type="text"/>	Parents	<input type="checkbox"/>	Other	<input type="checkbox"/>	How much? \$	<input type="text"/>
<b>Medical:</b>	TP	<input type="text"/>	Parents	<input type="checkbox"/>	Other	<input type="checkbox"/>	How much? \$	<input type="text"/>
<b>Entertainment:</b>	TP	<input type="text"/>	Parents	<input type="checkbox"/>	Other	<input type="checkbox"/>	How much? \$	<input type="text"/>
<b>Food/Utilities:</b>	TP	<input type="text"/>	Parents	<input type="checkbox"/>	Other	<input type="checkbox"/>	How much? \$	<input type="text"/>

### IF TAXPAYER INCOME IS LESS THAN \$15,000

How are they paying for rent, utilities, food, etc.?

Are they getting assistance from government?  Yes  No If Yes, How much? \$

Does anyone give them funds to live on?  Yes  No Who?  How much? \$

## SINGLE PARENT

Does the other parent pay child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much? \$	<input type="text"/>
Where is the child's other parent?	<input type="text"/>		
Why isn't the other parent claiming child?	<input type="text"/>		
Where does the other parent live?	<input type="text"/>		
How often does child stay with the other parent?	<input type="text"/>		
What school does child attend?	<input type="text"/>		
Does the other parent file a tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does taxpayer have day care expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, why?	<input type="text"/>

## WHO:

Who carries health insurance?	TP <input type="text"/>	Parents <input type="checkbox"/>	Other <input type="checkbox"/>	How much? \$	<input type="text"/>
Who pays other medical expenses?	TP <input type="text"/>	Parents <input type="checkbox"/>	Other <input type="checkbox"/>	How much? \$	<input type="text"/>
Who pays for activities & essentials?	TP <input type="text"/>	Parents <input type="checkbox"/>	Other <input type="checkbox"/>	How much? \$	<input type="text"/>
Who watches children while at work?	TP <input type="text"/>	Parents <input type="checkbox"/>	Other <input type="checkbox"/>	How much? \$	<input type="text"/>
Who pays for day care?	TP <input type="text"/>	Parents <input type="checkbox"/>	Other <input type="checkbox"/>	How much? \$	<input type="text"/>



## PREPARER'S DUE DILIGENCE QUESTIONS 2

### NON-STANDARD DEPENDENTS (Grandchild, niece, nephew, stepchild, foster child, etc.)

Why aren't the dependent's parents claiming them?

How long have dependents lived with taxpayer?

What is taxpayer's relationship to dependents?

Does taxpayer have legal custody of the dependents?

Did parents pay any support for dependents?  Yes  No If Yes, how much? \$

Does taxpayer have documents proving relationship to dependents?  Yes  No If Yes, what?

Did taxpayer receive any assistance from the government for dependents?  Yes  No If Yes, what & how much? \$

Are there other adults in the taxpayer's home who are related to dependents?  Yes  No

Does anyone else have the right to claim the dependent on a tax return?  Yes  No If Yes, who?

### ADULT DEPENDENTS

Who is this person?

Where do they live?

Are they Disabled?  Yes  No If No, why are they not filing their own return?

Can someone else claim them?  Yes  No If Yes, who?

Did taxpayer provide more than ½ of their support?  Yes  No

Did they receive any assistance from the government?  Yes  No If Yes, what & how much? \$

## HEAD OF HOUSEHOLD FILING STATUS

Did taxpayer pay more than  
½ of the all-household bills?

Yes  No

If No, who helped &  
what amount?

Do any other adults live in the home?

Yes  No

If Yes, who?

Is anyone else claiming HOH using this  
address?

Yes  No

If Yes, who?

Did they receive any assistance  
from the government?

Yes  No

If Yes, what &  
how much? \$

## ADDITIONAL PREPARER NOTES:

Large empty text area for additional preparer notes.