



J&E Tax Service
Due Diligence Questionnaire

Name as shown on return: _____

Taxpayer SSN # _____

Use the lines below to document any additional questions made by the tax professional and answers received by the taxpayer to help determine if the information furnished by the taxpayer is complete and correct.

Self- Employment Income:

1. How long have you owned your business?

2. Do you have any documentation to substantiate your business (bank statements, business cards, business license)?

3. Who maintains the business records for your business?

4. Do you have separate banking accounts for personal and business transactions?

5. Have you been issued a 1099-MISC/SEC's to support your income?

Head of Household:

1. At the end of _____ what was your martial status?

2. When did you separate from your spouse?

3. Did you move to separate homes. If so, when?

4. Does anyone else live with you? If so, what is the relationship?

5. Do you pay more than half the cost of keeping up the home in which you and your dependent/s lived?
Rent___ Utilities___ Food____, etc.)?

6. How long did the child live with you?

7. If needed, are you able to provide proof to the IRS that your children lived with you? (school letter, doctor and/or church letter on their letterhead)

Qualifying Child/Single:

1. What is your relationship to the child?

2. Where is the child's parent(s) and why aren't they claiming them?

3. How long did the child/ren live with you?

4. Can anyone else possibly claim the child/ren?

5. If needed, are you able to provide proof to the IRS that your children lived with you? (school letter, doctor and/or church letter on their letterhead)

6. Why does the child have a different last name?



Insufficient Income-

1. How do you support your children?

2. Are you receiving any financial assistance? (child support, family members, food stamps, etc.)

Permanently and totally disabled dependents:

1. What type of disability does the dependent have?

2. Does the child receive SSI or other disability payments?

3. Do you have a letter from the child's doctor, healthcare provider stating the child is permanently and totally disabled?

College Credits

1. Which college did you attend? (Look up if this is a accredited school on the IRS website)

2. Did you attend school at least half-time?

3. Have you previously claimed AOTC school credits? if so, how many times?

4. Was the student convicted, before the end of _____ (filing year), of a felony for possession or distribution of a controlled substance?

5. Did the student complete the first 4 years of postsecondary education before _____ (filing year)?

Notes:

Taxpayer Signature _____ Spouse _____ Date _____