

Intake-Interview and Quality Review Sheet

You will need to provide:

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social Security cards or ITIN letters for all persons on your tax return.
- Picture ID ie., valid driver's license for you and your spouse.
- Proof of Health Insurance.

Please complete the following pages.

You are responsible for the information on your return. Please provide complete and accurate information.

Part I Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your First Name	Your Last Name	Daytime phone number	Are you a U.S. citizen?
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2. Your Spouse's First Name	Last Name	Daytime phone number	Is your spouse a U.S. citizen?
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3. Mailing address	Apt#	City	State	ZIP code
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4. Your Date of Birth _____ 5. Your job title _____
6. Last year were you: a. Full time student ___ b. Totally and permanently disabled ___ c. Legally blind ___
7. Your spouse's Date of Birth _____ 8. Your spouse's job title _____
9. Last year, was your spouse: a. Full time student ___ b. Totally and permanently disabled ___ c. Legally blind ___
10. Can anyone claim you or your spouse as a dependent? _____
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? _____

Part II-Marital Status and Household Information

1. As of December 31, 2019 what was your marital status?

- Never Married (this includes registered domestic partnerships, civil unions, or other formal relationships under state law)
- Married a. if YES, did you get married in 2019? _____
b. did you live with your spouse during any part of the last six months of 2019? _____
- Divorced Date of final decree _____
- Legally Separated Date of separate maintenance agreement _____
- Widowed Year of spouse's death _____

2. List the names below of

- a. Everyone who lived with you last year (other than your spouse)
- b. Anyone you supported but did not live with you last year

First, Last Name	DOB	Relationship to you	How long in your home in 2019?	U.S. Citizen?	Resident of US, Canada, or Mexico?	Single or Married?	Full Time Student?	Totally and Permanently Disabled?

Part III- Income-Last Year, Did You (or your Spouse) Receive

- 1. Wages or Salary? (Form W-2) How many jobs did you have last year? _____
- 2. Tip Income?
- 3. Scholarships? (Forms W-2, 1098-T)
- 4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
- 5. Refund of state/ local income taxes? (Form 1099-G)
- 6. Alimony income or separate maintenance payments?
- 7. Self-Employment income? (Form 1099-MISC, cash)
- 8. Cash/check payments for any work performed not reported on Forms W-2 or 1099
- 9. Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Form 1099-s, 1099-B)
- 10. Disability income? (such as payment from insurance, or workers compensation) (Form 1099-R, W-2)
- 11. Retirement income or payments from Pension, Annuities, and IRA? (Form 1099-R)
- 12. Unemployment Compensation? (Form 1099-G)
- 13. Social Security or Railroad Retirement Benefits? (Form SSA-1099, RRB-1099)

- ___ 14. Income (or loss) from Rental Property?
___ 15. Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify _____

Part IV-Expenses-Last Year, Did You (of Your Spouse) Pay

- ___ 1. Alimony or separate maintenance payments? If yes do you have the recipient's SSN? _____
___ 2. Contributions to retirement account? ___ IRA ___ Roth IRA ___ Other
___ 3. College or post-secondary educational expenses for yourself, spouse of dependents? (Form 1098-T)
___ 4. Deductions: ___ Medical & Dental (including insurance premiums) ___ Mortgage Interest (Form 1098)
___ Taxes (State, Real Estate, Personal Property, Sales) ___ Charitable Contributions
___ 5. Child or dependent care expenses such as daycare? a. How many children/dependent _____ b. Cost for the year _____
List name, address and SSN or EIN # of caregiver _____
___ 6. For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
___ 7. Expenses related to self-employment income or any other income you received?
___ 8. Student loan interest? (Form 1098-E)

Part V-Life Event-Last Year, Did You (or Your Spouse)

- ___ 1. Have a Health Savings Account?
___ 2. Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
___ 3. Adopt a child?
___ 4. Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes which year? _____
___ 5. Purchase and install energy-efficient home items in 2018 or 2019? (such as window, furnace, insulation, etc.) _____
___ 6. Live in an area that was declared a Federal disaster area? If yes, where? _____
___ 7. Receive the First Time Homebuyers Credit in 2008?
___ 8. Make estimated tax payments or apply last year's refund to this year's tax? If so, how much? _____
___ 9. File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
___ 10. Receive a letter from the IRS?

Part VI-Health Care Coverage-last year, did you, your spouse, of dependent(s)

- ___ 1. Have health care coverage?
___ 2. Receive one or more of these forms? ___ Form 1095-B ___ Form 1095-C ___ Form 1095-HC
___ 3. Have coverage through the Marketplace (Exchange)? Provide Form 1095-A
___ a. If yes, were advanced credit payments made to help pay your health care premiums?
___ b. If yes, is everyone listed on your Form 1095-A being claimed on this tax return?

_____ 4. Have an exemption granted by the marketplace?

Part VII-Additional Information and Questions Related to the Preparation of Your Return

1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)

2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)

Check here if you or your spouse, if filing jointly, want \$3 to go to this fund _____ You _____ Spouse

3. If you are due a refund, would you like: _____ Direct Deposit (if Yes, you must provide an account # below)

List Bank Name: account # _____ and routing # _____

Bank Name: account # _____ and routing # _____

4. If you have a balance due, would you like to make a payment directly from your bank account? _____

5. Did you pay rent?

Landlord Name _____

Amount Paid _____

Date: _____ to _____

6. If over 65, provide property taxes and water sewer bills.

7. If you pay excise tax, how much _____

8. FBAR

Do you have foreign bank accounts? _____

Do you receive any foreign pensions? _____

Do you own any property in a foreign country? _____

Are you involved in a foreign business, partnership or corporation? _____

Engagement for client services to be provided by Emerging Business Partners, Inc.

_____ This letter confirms and specifies the nature and extent of the services the firm will provide. Please confirm each statement below by initialing.

_____ I have furnished all necessary information needed to prepare my 2019 tax returns, and have maintained any required documentation. This information may be required to be provided to the IRS, at some time in the future.

_____ I have answered all questions and provided all information asked for, in order for EBPI to satisfy the IRS tax professional's due diligence requirements.

_____ I understand that EBPI does not audit information I provided, although it is often necessary for the EBPI to ask for clarification of information provided.

_____ EBPI will use professional judgement in resolving questions where the tax law is unclear, or where there are conflicting interpretations of the law by various taxing authorities. EBPI will resolve these issues in my favor, unless instructed otherwise.

_____ Any schedules prepared for my tax filing apply solely to this filing and are not to be attached to another return.

_____ I have the final responsibility for the income tax returns, and will review them before signing.

_____ I have declared any interest in any foreign bank accounts or property. (Even those my family has put my name on, as a convenience.) Such interests require additional filings.

_____ I understand the filing deadline for 2019 tax returns is April 15, 2020.

_____ I further understand that if I have not provided complete information to file my return on or before March 21, 2020, my return may be put on extension, and that any tax due must be paid at that time.

_____ I understand full payment is required upon completion of my tax return.

Signature Date

*Please ask us for a referral, if you need an estate return prepared. EBPI does not prepare Form 706 for decedents.

Due Diligence Questionnaire

Name _____

Reviewer's Initials and Date _____

Filing Status

- | | |
|--|--------|
| 1. Are you married | yes no |
| 2. Are you divorced | yes no |
| 3. Are you separated | yes no |
| 4. When will your divorce be final | |
| <hr/> | |
| 5. Have you lived apart from your spouse for the last 6 months of the year | yes no |
| 6. Did you maintain more than half of the cost of the home | yes no |
| 7. Is your spouse deceased | yes no |

Qualifying Children

- | | |
|---|--------|
| 1. What school(s) did your child(ren) attend | |
| <hr/> | |
| 2. Does (do) your child(ren) live with you | yes no |
| 3. Does (do) your child(ren) live with the other parent | yes no |
| 4. Did the child(ren) pay for his/her own support during the year such as, food, rent, etc. | yes no |
| 5. Is (are) the child(ren) disabled? If yes answer "a" through "c" | |
| a. What type of disability does (do) the child(ren) have | |
| <hr/> | |
| b. Does (do) the child(ren) receive SSI or other disability payments | yes no |
| c. Do you have a letter from the child(ren)'s doctor, healthcare provider stating that the child(ren) is (are) permanently and totally disabled | yes no |

Other Dependents

- | | |
|--|--------|
| 1. Do you have dependents that are not your children | yes no |
| 2. How are they related to you | |
| <hr/> | |
| 3. How many months this year did they live with you | |
| <hr/> | |
| 4. Did they earn more than \$4,200 this year | yes no |

Form 1098-T

- | | |
|--|--------|
| 1. How many years have you claimed the American opportunity tax credit | |
| <hr/> | |
| 2. Did you pay additional amounts for books | yes no |
| 3. Are there any other fees not on Form 1098-T | yes no |
| 4. How many months was (were) the student(s) in school | |
| <hr/> | |
| 5. Does (do) the student(s) have earned income | yes no |

TURN OVER

Business Income

1. How long have you owned your business (if new to us)

2. Do you have any documentation to substantiate your business income and expenses **yes no**

3. Who maintains the business records for your business if you do not do the bookkeeping

4. Do you have separate bank accounts for personal and business transactions **yes no**

5. Have you been issued a 10-MISC **yes no**

Head of Household

If you are filing as Head of Household

1. Do you pay more than 50% of the costs of the home **yes no**

2. Is there another wage earner in the home **yes no**

3. Do they have a higher income than you **yes no**