



TAXPAYER QUESTIONNAIRE

PERSONAL INFORMATION					
Primary Taxpayer	First Name		Last Name		M.I.
	SSN		Date of Birth		Job Title
	Home Phone		Work Phone		Cell Phone
	Do you have health insurance coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your Spouse and all your dependent(s) have health insurance coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your employer offer health insurance coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Email address		Can you be a dependent on another return? <input type="checkbox"/> Yes <input type="checkbox"/> No		Legally Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Preferred Contact Method <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Cell Phone Carrier				
	Address				
	Street Address				Apt/Lot/Unit#
	City			State	Zip Code
Filing Status (check the status that applies):					
<input type="checkbox"/> Single – If you were NOT married on or before December 31 st of last year. And your dependents lived with you less than 6 months during last year.					
<input type="checkbox"/> Married Filing Joint (must complete ENTIRE Spouse Section) – If you were married on or before December 31 st of last year, or your spouse died during the year.					
<input type="checkbox"/> Married Filing Separate (must complete name, social security number of date of birth of Spouse Section) – If you were married on or before December 31 st of last year and your spouse is filing a tax return using this status.					
<ul style="list-style-type: none"> • If MFS, did you live together at ANY time during the tax year? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> ◦ If yes, did you live together during the final 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO • If MFS, did your spouse itemize his/her deductions? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> ◦ NOTE: If your spouse itemized deductions, taxpayer must also itemize deductions. 					
<input type="checkbox"/> Head of Household – If you were NOT married as of December 31 st of last year. And your qualified dependent lived with you more than 6 months.					
<input type="checkbox"/> Qualified Widow(er) – If your spouse died during the last 2 years prior to the current tax year. And your qualified dependent lived with you for 12 months of last year.					
Spouse	First Name		Last Name		M.I.
	SSN		Date of Birth		Job Title
	Home Phone		Work Phone		Cell Phone
	Email address		Can you be a dependent on another return? <input type="checkbox"/> Yes <input type="checkbox"/> No		Legally Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bank Info	Bank Name				Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Routing Number		Account Number		
	Will this refund go into an account outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				

The information provided in this questionnaire is true and correct, and I/we understand that the information given will be used to complete my/our 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
--------------------	------------------	------

DEPENDENTS INFORMATION

#	First Name	Last Name	Birthdate	SSN	Relationship to Taxpayer	# of Months	Dep. Code	EIC Code
1								
2								
3								
4								
5								
6								

Children who lived with you and are being claimed on another return.

#	First Name	Last Name	Birthdate	SSN	Relationship to Taxpayer	# of Months	Dep. Code	EIC Code

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 = disables 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

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

Is the Child: <i>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?</i>	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the child is married, are you claiming this child as a dependent? <i>If the child is not married, then simply mark yes.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the child, at the end of the year: <i>Under the age of 19 OR Under the age of 24 and a full time student OR Any age and permanently and totally disabled?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Could any other person check “Yes” on the above four question for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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

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. I/We agree to hold this company harmless for any errors that they may make on my/our return. I/We also understand that error on my/our return will cause a delay in processing the return and the receipt of the refund, if any.

Taxpayer Signature	Spouse Signature	Date
--------------------	------------------	------



ATTESTATION AND DISCLAIMER

Tax Year _____

Taxpayer Name _____ SSN: ----- _____

Spouse Name _____ SSN: ----- _____

Taxpayer Initial	Spouse Initial	
		Conner Tax and Services, LLC 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.
		Conner Tax and Services, LLC is not responsible for any IRS audits. All information obtained from the taxpayer and/or spouse must be presentable if the IRS audits your tax return.
		Conner Tax and Services, LLC 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. <i>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.</i> If your refund is fully taken you are responsible for paying the preparation fees.
		Conner Tax and Services, LLC 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.
		Conner Tax and Services, LLC 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.
		Conner Tax and Services, LLC provides the taxpayer with ONE complimentary copy of their tax return. Should you need any additional copies, there is a \$15 fee per copy (federal and state included).

The information contained in this office or on this website is of a general nature. It should not be construed as legal advice nor should it be acted upon in your specific situation without further details and/or professional assistance. Any use of information contained in this office or on our web site is done so at the risk of the user, and Conner Tax and Services, LLC is not responsible for the result or outcome of its use.

Conner Tax and Services, LLC does not guarantee, and is not liable for the truthfulness, accuracy, effectiveness, or any resulting effects of the use of any information contained in this office or on the web site. It is advised and it is the responsibility of the visitor of this office or web site to seek proper instruction and/or seek professional assistance in all matters regarding taxes and the IRS.

Conner Tax and Services, LLC. is thus held harmless, released of, and users of information contained in this office or on this web site assume full responsibility for, any violation of Tax laws and/or IRS procedure, and any other legal liability resulting from use of any information contained in this office or on this web site.

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
--------------------	------------------	------

