

Taxpayer Questionnaire

PERSONAL INFORMATION

Primary Taxpayer

First Name:	Last Name:	M.I.:	
S.S.N. :	Birthdate:	Taxpayer's PIN:	
Home Phone:	Work Phone:	Cell Phone:	
Occupation:	DO YOU CURRENTLY HAVE HEALTH INS? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO complete HealthCare Workheet	Legally Blind?	Disabled?
Email Address:	Did you attend college at least part time in 2014?	<input type="checkbox"/> Yes If Yes submit Educ. Affidavit & submit 1098T <input type="checkbox"/> No	

Filing Status (Circle which Status number applies)

1 = Single

If: You were NOT married on or before December 31, 2014
Your dependents lived with you less than 6 months during the year.

2 = Married Filing Joint

If: You were married as of December 31, 2014 or your spouse died during 2014.

3 = Married Filing Separate

If: You were married on or before December 31, 2014 and your spouse is filing a tax return using this filing status.

* If MFS, did you live together at ANY time during the tax year? Yes No
If yes, did you live together during the final 6 months? Yes No

* If MFS, did your spouse itemize his/her deductions? Yes No

NOTE: If spouse itemized deductions, taxpayer must also itemize deductions.

4 = Head of Household

If: You were NOT married as of December 31, 2014
Your child, foster child, or grandchild lived with you more than 6 months.

5 = Qualified Widow(er)

If: Your spouse died during either 2011 or 2012, and
Your child, stepchild or foster child lived with you for 12 months in 2014.

Spouse

First Name:	Last Name:	M.I.:	
S.S.N. :	Birthdate:	Spouse's PIN:	
Home Phone:	Work Phone:	Cell Phone:	
Occupation:	Dependant on another return? Yes No	Legally Blind?	Disabled?

Address

Care-of (or additional) Address Information

Street Address:	Apt. #:	
City:	State:	Zip Code:
Military Address Info:(1=APO/FPO, 2=Stateside, 3=Foreign or Blank)	Combat Zone:	

Bank Information

(for Direct Deposit into Taxpayers Personal Acct.)

Bank Name:	Account Type:	Savings	Checking
Routing Number:	Account Number:		
Will this refund go to an account outside of the US?	Yes	No	

DEPENDENTS

First Name	Last Name	Birthdate	SSN	Relationship	# of Months	Dep. Code	Insured Y or N
Children who lived with you and are being claimed on another return							
Non Dependents claimed for EIC and Disabled person's dependent care expenses							

Enter the dependents name, birthdate, SSN, Relationship, number of months lived with the taxpayer, starting with the youngest dependent. Refer to the information below for Dep. and EIC Codes.

Dependent Codes

- 1 = Lived with Taxpayer
- 2 = Lived Elsewhere
- 3 = Taxpayer's parent
- 4 = Other Dependent

EIC Codes

- E = Eligible as of December 31, 2014, under the age of 19
- S = Student as of December 31, 2014, under the age of 24 and full-time student
- D = Disabled as of December 31, 2014, Permanently & totally disabled, at any age
- K = Qualifying Child was Kidnapped
- N = Not eligible

CHILD TAX AND EARNED INCOME CREDIT

This Information is included in the Dependents Table above	Number of Children under age 17 (CTC)	
	Number of Children under age 19 (EIC)	
	Number of Children between age 17 & 24, full time student (EIC)	
	Number of Children Totally Disabled (EIC)	
	Include Form 8862 - Information to Claim EIC After Disallowance?	Yes No

WAGES AND SALARIES

(Use Actual Form W-2 for Data Entry)

Taxpayer	Employer's Name	Wages	Federal Withholding	St Withholding
Spouse	Employer's Name	Wages	Federal Withholding	St Withholding

INTEREST AND DIVIDEND INCOME

(Use Actual Forms 1098, 1099B, 1099-INT, 1099-DIV for Data Entry)

Payer's Name	Interest Earned	Dividends	Withholding

OTHER INCOME

Unemployment Income (Other Income wkst, Line 19)	
Social Security, from Form 1099SSA (Other Income wkst, Line 20b)	
Other Income:	
Schedule C – Business Income (Loss)	
Prior Year's State and Local Income Tax Refund	
Alimony Received	
Gambling Income	
Other Income Subject to Self-employment Tax	

Schedule C - Business Income/(Loss) Complete Declaration of Self Employment

EARNED INCOME CREDIT

Part I: Qualifications

Could you, or your spouse if filing jointly, be considered a "Qualifying Child" on another persons tax return during tax year 2014?	Yes	No
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NOTE: If you answered "Yes", you are not able to qualify for the earned income credit (skip Part II and Part III).

Part II: Qualifying Children

Child 1

Child 2

	Child 1		Child 2	
Is the Child: (line 9)	Name		Name	
The Taxpayer's Son, Daughter, or adopted or step child OR A child of the Taxpayer's son, daughter (Grandchildren) OR Brother, Sister (Step or half) OR descendant ex. Niece, Nephew The Taxpayer's eligible foster child?	Yes	No	Yes	No
If the child is married, are you claiming this child as a dependent? (If child is not married, then simply mark yes) (line 10)	Yes	No	Yes	No
Did the child live with you in the United States for over half of the year, OR The full year if the child is an eligible foster child? (line 11)	Yes	No	Yes	No
Was the child, at the end of the year: (line 12) Under age 19 OR Under age 24 and a full-time student OR Any age and permanently and totally disabled?	Yes	No	Yes	No
Could any other person check "Yes" on lines 9 through 12 for the child? Prep Note: If yes, questions on line 13b and 13c must also be answered. (line 13a)	Yes	No	Yes	No

If the dependent is not your son or daughter, why aren't the parents claiming the child?

If only one parent is claiming the child, why is the other parent not claiming the child? Other parent not in the same household
 Explain why other parent not in home Unmarried Separated Parent Unknown Absent Parent
 Other parent in the same household but are unmarried and the other parent has chosen not to claim the child

Part III: Earned Income Credit for 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 the U.S. are considered to be living in the U.S. during that period.)	-Yes	No
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NOTE: If you answered "No", you are not able to qualify for the earned income credit (skip Part II and Part III).

Part IV- Due Diligence Requirements

To comply with the EIC knowledge requirement, you must not know or have reason to know that any information used to determine eligibility for, and the amount of, the EIC is incorrect. I understand that all information I have provided on this form is true and correct to the best of my knowledge and I authorize Top Top LLC to use my information to file my 2014 Income Tax Return.

Other Information

<input type="checkbox"/> Audit PROTECTION \$49* <input type="checkbox"/> Deduct my preparation from my refund* *Optional services for addtl charges	Tax Payer's PIN	Spouse's PIN
<input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-Paid Debit Card <input type="checkbox"/> Wal - mart Cash \$7 <input type="checkbox"/> Paper Check		

The above information is true and correct, and I / we understand that the information given on this questionnaire will be used to complete my/our 2014 tax return(s). I / We agree to hold this company harmless for any errors that they may make on my / our tax return.

PLEASE NOTE - WE DO NOT HAVE ANY CONTROL OVER If your refund is taken for back taxes, child support, student loans, etc. You continue to be responsible for payment of Top Tax LLC preparation fees. You may call the IRS Treasury Offset Dept at 1-800-304-3107 to see if owe.

Taxpayer Initial _____ **Spouse Initial** _____

Taxpayer Signature: _____

Date: _____