

Due Diligence Questionnaire

Name/ID:	Year:
Preparer conducting interview:	Date of interview:
Method of interview (e.g., phone, in-person, email):	
Check if document requested and relied upon to support claim <input type="checkbox"/>	
Check if not applicable <input type="checkbox"/>	

Filing Status		Taxpayer's Response		
1	Are you married?	YES	or	NO
2	Are you divorced?	YES	or	NO
3	Are you separated?	YES	or	NO
4	When will/was your divorce be final?	Date:		
5	Have you lived apart from your spouse for the last 6 months of the year?	YES	or	NO
6	Did you maintain more than half of the cost of the home?	YES	or	NO
7	Is your spouse deceased? If yes, date of death: _____	YES	or	NO
8	Other:			
9	Other:			



Qualifying Child		Taxpayer's Response		
1	What school did your child attend?	Name of School:		
2	Where does your child live?	Main home address:		
3	Does your child live with the other parent?	YES	or	NO
4	What does your separation/divorce agreement state regarding who claims the child?	YES	or	NO
5	Did the child pay for his/her own support during the year, such as food, rent, etc.?	YES	or	NO
6	What is your child's birthdate?	DOB(s):		
7	Is your child married and filing joint?	YES	or	NO
8	Does the child have a valid social security number or ITIN?	YES	or	NO
9	Is the child disabled? If yes, answer "a" through "c".	YES	or	NO
	a	What type of disability does the child have?		
	b	Does the child receive SSI or other disability payments?		
	c	Do you have a letter from the child's doctor/healthcare provider stating that the child is permanently and totally disabled?		
10	Other:			
11	Other:			

Relationship Test		Taxpayer's Response		
1	If other than the taxpayer's son or daughter, does the child's biological parents live with the child? If no, where are the biological parents?			

If taxpayer has more than one child, enter additional information here:

SIGNATURE of taxpayer completing this form: _____

Kathy's Tax Service, LLC

Check if not applicable 
 Check if document requested and relied upon to support claim 

Form 1098-T		Taxpayer's Response		
1	Has the student ever been convicted of a felony for the possession or distribution of a controlled substance (drugs)?	YES	or	NO
2	Has the student completed the first 4 years of postsecondary education (a grad student)?	YES	or	NO
3	Was the student enrolled at least half time for at least one academic period?	YES	or	NO
4	How many years have you claimed the American opportunity tax credit?	1	2	3 4
5	Did you pay additional amounts for books?	YES or NO; If yes, Total Amt\$		
6	Are there any other fees not on Form 1098-T?	YES or NO; If yes, Total Amt\$		
7	How many months was the student in school? number of months enrolled:			
8	Does the student have earned income?	YES or NO; If yes, Total Amt\$		
9				
10	Other:			

Business Income		Taxpayer's Response		
1	How long have you owned your business? Please attach documentation!			
2	Do you have any documentation to substantiate your business?	YES or NO;		
3	Who maintains the business records for your business?			
4	Do you have separate bank accounts for personal and business transactions?	YES or NO;		
5	Have you been issued a 1099-NEC to support the income?	YES or NO;		
6	Do you have evidence of any exemption?	YES or NO;		
7	Other:			
8	Other:			

ADDITIONAL COMMENTS: Attach college financial statements, Forms: 1098-T's, 1099-NEC's, etc.