



Taxpayer Information

Thank you for allowing us to prepare your tax return. In order to provide you with the service, it is important that you complete this information form to help our tax preparer complete an accurate tax return. If you have any questions, please ask. Please review and complete the entire form and also provide us with the additional items we need below to complete your tax return. Again, Thank you for allowing Brito Accounting service your tax preparation needs

- ❖ Tax information such as W-2s, 1099s, 1098s, etc.
- ❖ Social Security Cards or letters from the SSA for you and all persons in the return
- ❖ Proof of Identification (such as Driver's License, State ID or Passport)

Part I. Your Personal Information

| | | | | |
|---------------------------|-------------------|-------------------|------------------|----------------------------|
| 1. Your First Name | | M.I | Last Name | Social Security No. |
| | | | | |
| Email | | Cell Phone | | Home Phone |
| | | | | |
| Date of Birth | Occupation | | | Legally Blind? |
| | | | | Yes No |

| | | | | |
|-------------------------------|-------------------|-------------------|------------------|----------------------------|
| 2. Spouse's First Name | | M.I | Last Name | Social Security No. |
| | | | | |
| Email | | Cell Phone | | Home Phone |
| | | | | |
| Date of Birth | Occupation | | | Legally Blind? |
| | | | | Yes No |

| | | | | |
|---------------------------|--|--------------|-------------|-----------------|
| 3. Mailing Address | | Apt # | City | Zip code |
| | | | | |

4. Can you or your spouse be claim as dependent on somebody else's return Yes No
 *If yes You Spouse

Part II. Family & Dependent Information

1. As of December 31, your marital status was **Single** **Married**
 If Married, Did you live with your spouse during any part pf the last six months of the year? **Yes** **No**

2. List the names of everyone who lived in your home that you supported during the last 12 months

| Enter Your dependents First Name and Last Name (Do not enter your name or your spouse's name) | D.O.B (MM/DD/YYYY) | Social Security Number | Number of months lived in your house | Relationship to You |
|--|-----------------------|------------------------|---|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



Part III. Income Did you or your spouse receive any of this type of income last year

(Check **Yes** of **No** to all questions)

| | | | | |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 1. Wages (W-2 Employee) or Salary |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 2. Social Security Benefits |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 3. Self-Employment Income (Such as earnings from contract labor, small business, etc.) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 4. Did you receive a 1099-MISC form? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 5. Disability Income. If so, What amount? _____ |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 6. Unemployment compensation. If so, What amount? _____ |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 7. Other Income (Gambling, Lottery, Prizes, awards, Jury Duty, etc.) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 8. Contributions to Retirement accounts (IRA, Roth IRA, SIMPLE, SEP IRA, HSA) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 9. Do you own a property? If yes, please include the mortgage statement and taxes paid |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 10. Do you pay child care expense (Daycare or individual to baby sit)? If yes, how much was your child care expense from Jan 1 st to Dec 31 st of last year? \$ _____ |

Name of Daycare/Individual: _____
Address: _____
City: _____ State: _____ Zip code: _____

Part IV. Schooling Last year, did your of your spouse:

(Check **Yes** of **No** to all questions)

| | | | | |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 1. Pay college tuition for yourself, your spouse or your dependents |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 2. Had any educational expense (Such as Computer, Books, Supplies, etc.) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 3. Repay any portion of a student loan? |

Part V. Referral How did you hear about Brito Accounting:

(Check **one** of the following)

| | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Church, Name of the church: _____ |
| <input type="checkbox"/> | 2. Flyer, Business card, Door Hanger |
| <input type="checkbox"/> | 3. Relative/Friend. Please write the name of the Person: _____ |
| <input type="checkbox"/> | 4. Other, _____ |



Head of Household (HOH) Eligibility

You may file as Head of Household if you answer YES to ALL the following questions

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. You are unmarried or considered unmarried on the last day of the year. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. You paid more than half of the cost of keeping up a home for the year. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. A qualifying person (see definition below) lived with you in the home for more than half of the year (except for temporary absences, such as school) and you can claim an exemption for him/her except as noted under Category 3 below. |

A qualifying person is your (See Table 2-1, Publication 17)

1. A qualifying relative such as parent, grandparent, brother, sister, stepbrother, stepsister, stepmother, stepfather, any in law (parent, grandparent, brother, sister), uncle, aunt, nephew or niece who is blood related to you and have lived with you for the entire year.
2. Child, grandchild or adopted child. (Note: Is a qualifying child even if you cannot claim an exemption for the child)
3. Eligible foster child (Note: for eligibility for **dependency only** a foster child is a child who is in your care, that you care for as your own child, and, who lived with you for the entire year. It does not matter how the child became a member of the household).

Earn Income Credit (EIC) Eligibility

You may file as Earn Income Credit if you answer YES to ALL the following questions

1. Relationship Test

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Your child/children is/are one of the following: son, daughter, adopted child, stepchild, grandchild, eligible foster child, brother, sister, stepbrother, stepsister (also child or grandchild of your brother, sister, stepbrother or stepsister) and you care for it/them as you would your own child |
|------------------------------|-----------------------------|--|

2. Age Test

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Your child/children is/are under 19 years of age at the end of the year, or is under 24 years of age at the end of the year and is a full time student, or was totally disabled at any time during the tax year regardless of age |
|------------------------------|-----------------------------|---|

3. Residency test

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Your child/children lived with you for more than half of the year (or the whole year if an eligible foster child) |
|------------------------------|-----------------------------|---|

- | | | |
|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Your home is in the United States |
|------------------------------|-----------------------------|-----------------------------------|

4. Qualifying Child of another test

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If your child/children is/are the qualifying child/children of another individual, you are the only person claiming the credit for that/those child/children during the tax year. (Note: if the answer to this test is NO, refer to tiebreaker rule. You may still be able to take the credit) |
|------------------------------|-----------------------------|--|

Foster Child Eligibility

The definition of a foster child has changed for the establishing eligibility got dependency, see above. For establishing eligibility, for the Child Tax Credit and Earn income credit you must be able to answer YES to all the questions below

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | You cared for the child/children as you would for your own. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The child/children lived with you for the entire year, except for temporary absences |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The child/children was/were placed in your care by a State, one of its subdivisions or placement agency |

I attest and affirm that the information provided to complete this eligibility checklist is true and correct to the best of my knowledge. I understand that IRS may randomly question eligibility and that if my tax return is randomly selected for review, that my return, refund, direct deposit, or any combination thereof may be delayed or denied.

Taxpayer Signature _____

Date _____

By signing this form, I attest that my tax preparer asked me all questions in the form



Net Profit from Business Worksheet

Please include a copy of your last year's return (if not prepared by Our office)

Name of the Business: _____ EIN: _____

Business Address (Address, City, State, Zip code): _____

Field of Business: _____

| | | | | | |
|------------------------------------|--------------------------|-----|--------------------------|----|--|
| Are you the owner of the business? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If yes, use Schedule C. |
| Is the business a DBA? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If yes, use Schedule C. |
| Is this business a partnership? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If yes, use form 1065 K-1 |
| Is this business a corporation? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If yes, a corporation will file either Form 1120 or 1120S, depending on the corporation |
| Is this business an LLC? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If Yes, the default for a single member LLC is filling Schedule C with the individual return. Multi member LLC default is filling form 1065 as partnership; unless the entity has applied for to be taxed differently. |

Did you use a log book to determine gross Receipts? Yes No

*If you did NOT use a log book, can you reasonably reconstruct your Gross Receipts? Yes No

Did you use a log book to determine your expenses? Yes No

*If you did NOT use a log book, can you reasonably reconstruct your Expenses? Yes No

How were you paid (check all that apply)? Cash Check Other

Did you receive a Form 1099? Yes No *If yes, what type of 1099? _____

Did you receive any other income not reported on a 1099? Yes No

Information about your Vehicle

Complete this section only if you are claiming vehicle expenses

(Note: Driving to and from work is considered commuting and generally is not deductible)

What are you using the vehicle for in your business? _____

When did you place your vehicle in service for business purposes? (MM/DD/YYYY) _____

What was the cost to purchase the vehicle? _____

Which method did you use when you first used your vehicle for business? Standard Mileage Rate Actual Expenses

Which method are you planning on using this year? Standard Mileage Rate Actual Expenses

Of the total number of miles you drove the vehicle during last year, how many miles was the vehicle used for:

a.) Business _____ b.) Commuting _____ c.) Other _____

Did you have written evidence to support your deduction? Yes No

Summary of Receipts

(If you did not use a log book to determine your gross receipts, enter the gross amount you received each month)

| January | February | March | April | May | June |
|----------------------------|----------|-----------|---------|----------|----------|
| | | | | | |
| July | August | September | October | November | December |
| | | | | | |
| Total Gross Income: | | | | | |



Net Profit from Business Worksheet

Please include a copy of your last year's return (if not prepared by Our office)

Summary of Expenses

| | | | |
|--|----------|---------------------------------|----------|
| Advertising (Newspaper, Signs, Business Cards, etc.) | \$ _____ | Rent or Lease | |
| Vehicle Expense | \$ _____ | a.) Vehicles, machinery, Equip. | \$ _____ |
| Contracted Labor | \$ _____ | b.) Other Business Property | \$ _____ |
| Prior depreciation (provide copy of last year's depreciation worksheet) | \$ _____ | Repairs & Maintenance | \$ _____ |
| Purchased items to Use in the Business with a useful life over years | \$ _____ | Supplies used for business | \$ _____ |
| _____ | \$ _____ | Taxes & Licenses | \$ _____ |
| _____ | \$ _____ | Deductible meals while away | \$ _____ |
| _____ | \$ _____ | Overnight Travel | \$ _____ |
| _____ | \$ _____ | Rental or Lease Payments | \$ _____ |
| Employee Benefit program | \$ _____ | Utilities | \$ _____ |
| Interest paid on Business Loans | | Other Expenses (List below) | _____ |
| A.) Paid to Bank | \$ _____ | | \$ _____ |
| b.) Other | \$ _____ | | \$ _____ |
| Legal & Professional Fees | \$ _____ | | \$ _____ |
| Travel Expense | \$ _____ | | \$ _____ |
| Office Expenses | \$ _____ | | \$ _____ |

If you did NOT have any business expenses, please provide an explanation:

I acknowledge that I have receipts and records regarding my personal business in my possession. I have provided the above summary to Brito Accounting for the preparation of my tax return but did not provide them with my receipts and records.

Taxpayer Signature _____

Date _____



Self- Employment Due Diligence Worksheet

| Casual/ Conversational When, Where and How questions | Document client answer |
|--|------------------------|
| <ul style="list-style-type: none"> When or how often do you work? | |
| <ul style="list-style-type: none"> Where did you perform the work? | |
| <ul style="list-style-type: none"> How many customers/clients do you have? | |
| <ul style="list-style-type: none"> How do you customer/Clients find about you? | |
| <ul style="list-style-type: none"> Did you maintained Records of Income, Expenses and Mileage | |

| Suggestions you can make to the clients Regarding Documentation and Record Retention | Possible suggestion to Client |
|--|--|
| <ul style="list-style-type: none"> When or how often do you work? | Keep a calendar or appointment book with income and expenses for each day. |
| <ul style="list-style-type: none"> Where did you perform the work? | If you work in different places, write in your calendar or appointment book where you work and the mileage for the day. |
| <ul style="list-style-type: none"> How many customers/clients do you have? | Keep a calendar or appointment book with name and location of clients and customer. |
| <ul style="list-style-type: none"> Did you maintained Records of Income, Expenses and Mileage | Keep records of income received, receipts for purchases and expenses paid. Document mileage in your calendar or appointment book. Take advantage of computer software and apps to do so. |

Under penalty of perjury, I certify that the presented information in this certification and the evidence submitted with it, is true, accurate and complete and the tax preparer interviewed me to the best of her/his ability and I answered any and all of the self-employed money received worksheet questions form true, accurate and complete. The undersign further understands that providing false information for purposes of defrauding the US Department of Treasury may result in demand for repayment and the imposition of penalties and other actions as allowed by Law.

Taxpayer Signature _____

Date _____

Spouse Signature _____

Date _____



EITC Due Diligence Form

1. Child names

1. _____ 2. _____

3. _____ 4. _____

2. If it is a half-brother, half-sister, step brother, step sister, foster child, grandchild, grandparent brother, sister, aunt, uncle, niece or nephew that is being claimed, does the Mother/Father live in the same residence?

3. Has the a half-brother, half-sister, step brother, step sister, foster child, grandchild, grandparent brother, sister, aunt, uncle, niece or nephew been living with you for the past 12 months (Jan 1st to Dec 31st)?

Yes No

4. If **NO**, how much of the last 12 months (Jan 1st to Dec 31st) has your half-brother, half-sister, step brother, step sister, foster child, grandchild, grandparent brother, sister, aunt, uncle, niece or nephew lived with you?

5. If you answered **YES**, why isn't the mother/father (Biological Parents) not claiming the child?

I have answered the above questions to the best of my ability and I have taken care of the dependent(s) for the 2020 tax year and I attest under penalty of perjury that the above information is true.

Taxpayer name: _____

Taxpayer Signature _____

Date _____

Spouse name: _____

Spouse Signature _____

Date _____



EITC Due Diligence Form

| Taxpayer First Name | Taxpayer Last Name | Taxpayer SSN |
|---------------------|--------------------|--------------|
| | | |

| If Child(ren) under Age 13 | Child Name | Child Name | Child Name |
|---|------------|------------|------------|
| Who took care of the child(ren) while you were working? | | | |

| If MOTHER of Child(ren) | Child Name | Child Name | Child Name |
|---|------------|------------|------------|
| Where is the father? | | | |
| Did the father contribute with helping take care of the children? | | | |
| Did anyone assist you with taking care of your dependents? | | | |
| Did you receive government assistance? | | | |
| If last names are not the same, whose last name did the child take? | | | |

| If FATHER of Child(ren) | Child Name | Child Name | Child Name |
|---|------------|------------|------------|
| Where is the mother? | | | |
| Did the mother contribute with helping take care of the children? | | | |
| Did anyone assist you with taking care of your dependents? | | | |
| Did you receive government assistance? | | | |
| If last names are not the same, whose last name did the child take? | | | |

| If GRANDPARENT of Child(ren) | Child Name | Child Name | Child Name |
|---|------------|------------|------------|
| Is this your Son or Daughter's child(ren) | | | |
| Where are the child Parents? | | | |
| Did the parents contribute with helping take care of the children? | | | |
| Did anyone assist you with taking care of your dependents? | | | |
| Did you receive government assistance? | | | |
| If last names are not the same, whose last name did the child take? | | | |



EITC Due Diligence Form

| If AUNT/UNCLE of Child(ren) | Child Name | Child Name | Child Name |
|--|------------|------------|------------|
| Is this your brother or sister's child(ren)? (Must be related by blood) | | | |
| Where are the child Parents? | | | |
| Did the parents contribute with helping take care of the children? | | | |
| Did anyone assist you with taking care of your dependents? | | | |
| Did you receive government assistance? | | | |
| If last names are not the same, whose last name did the child take? | | | |

| If BROTHER/SISTER of Child(ren) | Child Name | Child Name | Child Name |
|---|------------|------------|------------|
| Do you have the same mother, father or both? (Step and half relationships are valid) | | | |
| Where are the child Parents? | | | |
| Did the parents contribute with helping take care of the children? | | | |
| Did anyone assist you with taking care of your dependents? | | | |
| Did you receive government assistance? | | | |
| If last names are not the same, whose last name did the child take? | | | |
| Did you make more money than any of the parent of the child? | | | |

Exceptions to the Age Test-Disabled and Student age 19-24

| If dependent is DISABLED | Child Name | Child Name | Child Name |
|--|------------|------------|------------|
| What is the disability? | | | |
| When did the disability started? | | | |
| Are they able to work? | | | |
| Did anyone else assist you with taking care of your dependents? | | | |
| Did you receive government assistance? | | | |
| Did you receive any disability income? | | | |
| *If not, tax payer must provide a doctor's statement, other healthcare provider statement, or a social services agency or program statement. | | | |



**EITC
Due Diligence Form**

| If Dependent is Student (Age 19-24) | Child Name | Child Name | Child Name |
|--|-------------------|-------------------|-------------------|
| Are they in high school or college? | | | |
| What is the name of the school? | | | |
| If yes, were they full time students 5 months of the year? | | | |

Establishing Residency of Qualifying Child(ren)

If the taxpayer provided more than half of the person's total support for the year? If the IRS looks at your tax return, what documents will you be able to provide to establish the children lived with you more than 6 months, you may need more than one?
(Please have the taxpayer and spouse provide records they have access to proof of residency)

Under penalty of perjury, I certify that the presented information in this certification and the evidence submitted with it, is true, accurate and complete and the tax preparer interviewed me to the best of her/his ability and I answered any and all of the EITC due diligence questions form true, accurate and complete. The undersign further understands that providing false information for purposes of defrauding the US Department of Treasury may result in demand for repayment and the imposition of penalties and other actions as allowed by Law.

Taxpayer Signature _____

Date _____

Spouse Signature _____

Date _____



**EITC
Additional Due Diligence Questions**

1. Did you look at the birth certificates or Social Security Card(s)?
2. Did anyone assist you financially with taking care of your dependents?
3. Did you receive Government Assistance?
4. If **YES**, is the case worker aware that you are filing taxes? Did you report the same income to your case worker that you are reporting in your income tax?
5. Do you receive any child support for any of the dependents
6. If **YES**, list dependents. How much you receive for each child?
7. Write down any additional questions and answers you used to determine if the taxpayer was eligible for the EITC credit.

Under penalty of perjury, I certify that the presented information in this certification and the evidence submitted with it, is true, accurate and complete. The undersign further understands that providing false information for purposes of defrauding the US Department of Treasury may result in demand for repayment and the imposition of penalties and other actions as allowed by Law.

Taxpayer Signature _____

Date _____

Spouse Signature _____

Date _____



American Opportunity tax Credit

In order to qualify for the American Opportunity Tax Credit, please read the details below to ensure that you qualify for this tax credit.

In general, **Qualified Expenses** for the education tax credit include tuition and required fees for enrollment or attendance at an eligible post-secondary educational Institute. To be credible, the expenses paid during the taxable year most relate to: (1) an academic period that begins at the same taxable year, or (2) an academic period the begins at the first three months of the following taxable year. The following expenses do not qualify:

- Room and board
- Transportation
- Insurance
- Medical Expenses
- Student fees, unless required as a condition of enrollment or attendance.
- Same expenses paid with the tax free education assistance.
- Same expenses for an older tax, deduction, credit or educational benefit.

What additional education expenses qualify for the American Opportunity Tax Credit?

- A. For the American Opportunity Tax Credit, qualified expenses have been expanded to include expenses for course materials, as well as tuition and required fees. For this purpose, the term "course materials" means, books, supplies, and equipment needed for course of a study whether or not the materials are purchased from the education institution as a condition of the enrollment or attendance.

I have fully read and understand what it is required for me to file for the American Opportunity Tax Credit. This is to acknowledge that I _____ Paid _____ out of pocket expense towards my education expense at:

Student name: _____

School Name: _____ **EIN:** _____

Address: _____ **City:** _____ **Zip code:** _____

By signing below, parentheses, including each of you, if you there is more than one taxpayer) authorize us to use the information you provided to us during the preparation of your tax return, and you test on the penalty of perjury that the above information is true.

Taxpayer name: _____

Taxpayer Signature _____

Date _____

Spouse name: _____

Spouse Signature _____

Date _____



Bank Account Information Form

I, _____ give Brito accounting permission to direct deposit my tax refund into the account listed below and I verify that both the Routing number and Account number are correct.

Checking

Savings

Bank Name: _____

Routing Number: _____

Account Number: _____

Taxpayer name: _____

Taxpayer

Signature _____

Date _____