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Earned Income Credit | Child Tax Credit | American Opportunity Credit | Head of Household

Name of Taxpayer on SS Card	Are you married? Yes or No
Social Security Number (SSN)	Are you divorced? Yes or No
Date of Birth (DOB)	Are you separated? Yes or No
Address	
City,State,ZIP	

1. Can you or any relative or dependent be claimed as a dependent on any other individual's tax return? Yes or No
2. Did you (and your spouse, if married filing jointly) live in US for more than half of 2018? Yes or No
3. Do you have a spouse who is filing a separate tax return? Yes or No
 If **yes**, Did you live apart from your spouse during last ½ of the year?
4. Do you and all others listed on your return have Social Security number that is valid for legal employment? Yes or No
5. Did you have any unreported income (such as cash, tips, cashed checks etc.)? Yes or No

DEPENDENTS:

Name	Date of Birth	Social Security Number	Relationship

For all dependents listed please answer the following:

Relationship

1. Is the child your biological child, adopted child, stepchild, foster child or a descendent of any of them such as your grandchild? Yes or No
2. Is the child your brother, sister, half-brother, half-sister, step brother, step sister or a descendent of any of them such as a niece or nephew? Yes or No
3. If the answer to the last question is yes, can the child be claimed as a dependent on any other individual's income tax return (e.g., the biological parent or other relative)? Yes or No
4. Did you release the claim (form 8332, CTC/ ACTC) to another person (mother/ father or other relative)? Yes or No
5. Did you have any credit(s) disallow in any previous year? Yes or No

Age

1. Is the child under the age of 19? Yes or No
2. Was the child between the ages of 19 and 24 and a full time college student in 2018? Yes or No
3. Is the child over the age of 24? Yes or No

If Yes, was the child over the age of 24 totally and permanently disabled in 2018? Yes or No

If Yes, please explain the type of disability? (please print)

4. Do you have medical documents to verify your claim of disability? Yes or No

Residency

- 1. Has the child lived with you for at least 6 months of the year? Yes or No (attach proof)
- 2. Which schools do your child(ren) attend? _____
- 3. Did your child(ren) provide their own support? Yes or No

Joint Return

Was the dependent married for any part of 2018? Yes or No
If **Yes**, did the dependent file a joint return for 2018 with his or her spouse? Yes or No

Other

- 1. Did you or any person listed on your tax return attend to collage in 2018? Yes or No
If **yes**, did you receive 1098-T form from eligible institution? Yes or No
- 2. Has the student enrolled at least ½ time for at least 1 academic period? Yes or No
- 3. Has the student completed the 1st 4 years of postsecondary education? Yes or No
- 4. Do you have a proof of payment of tuition, fees and other qualifying education expanses (acceptable documents: bank statements, credit card statements, copy of cancelled checks, enrollment forms or transcripts etc.) Yes or No

Schedule C: Business Income

- 1. What time of business do you operate? _____
- 2. Who maintains the books and records? _____
- 3. How did you compute the income reported? _____
- 4. Did you maintain an expense log? _____

Disclosure Statement

I _____ solemnly swear that the information provided is true and I take full responsibility for any false information provided in preparation of my 2018 tax return. No employee or staff of Biz Inc provided me with any illegal information to assist in preparing this return. I provided all information required to accurately complete my tax return to Biz Inc. It is not my intent to provide any fraudulent information to the IRS. I understand that the failure to provide accurate information in this Questionnaire may result in the imposition of accuracy-related or fraud penalties, interest charges, and a ban for two or ten years from claiming the earned income tax credit.

Taxpayer Signature: _____ **Date:** _____