

# TAXPAYER QUESTIONNAIRE

## PART I: INCOME

1. Mark all source of income received during tax year:

W-2    W-2PR    480.6A    1099MISC    1099R    480.7C    480.6B    1099G    1099INT  
Wages EU / Wages PR / Misc.Income PR / Misc.Income EU / Retirement EU / Retirement PR / Self Empl. PR / Unemployment / InterestEU

2. Did you work as self employed during tax year?    Yes    No. If answer yes, please explain type of work or service \_\_\_\_\_

3. Did you sell any property during the year? Did you receive any prize, inheritance or compensation? \_\_\_\_\_

## PART II: RESIDENCY

1. Please write all residential addresses you live in during tax year, PR, US or both \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. For federal credit purposes (EITC), your primary residence must be in the US for a period greater than 183 days or more than 6 months; Please indicate the dates of your residence in the US \_\_\_\_\_

3. Do you have evidence of your residential address in your name, ex. Receipt of water, electricity or telephone? Explain \_\_\_\_\_

## PART III: DEPENDENTS

4. For purposes of federal credits, your dependent must be a blood relative, please indicate the relationship of your dependents:

Son/Daughter    Nephew/Niece    Granddaughter/son    Step daughter/son    Brother/Sister    Foster Child.

5. If the dependent is NOT your child, please indicate the reason why their parents will not claim him/her on tax return: \_\_\_\_\_

\_\_\_\_\_

6. For the purpose of the federal credit (EITC) the dependent had to live under the same roof with you in the US for a period greater than 183 days or more than 6 months, please indicate the address where the dependent was and the dates of his residence in US \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Do you have written evidence of the dependent's residence? Explain: \_\_\_\_\_

\_\_\_\_\_

I declare under the penalty of perjury that the information provided in this questionnaire has been provided and examined by me, and that the information is true, correct and complete.

\_\_\_\_\_  
Taxpayer Name

\_\_\_\_\_  
Spouse Name

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Spouse Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_