

DEPENDENT INFORMATION	DEPENDENT	DEPENDENT	DEPENDENT
FIRST NAME			
LAST NAME			
Social Security Number			
Are they a US Citizen or Resident Alien? IF NO, COUNTRY OF RESIDENCE	[] YES [] NO	[] YES [] NO	[] YES [] NO
DATE OF BIRTH			
IF OVER 18, IS DEP A FULL TIME STUDENT?	[] YES [] NO	[] YES [] NO	[] YES [] NO
NAME OF SCHOOL			
HS = High School POST = College, Tech etc.	[] HS [] POST	[] HS [] POST	[] HS [] POST
RELATIONSHIP			
IF NOT YOUR SON OR DAUGHTER WHY AREN'T PARENTS CLAIMING CHILD?			
Is the Parent's AGI > Yours? Documents Provided Proving Relationship	[] Y [] N [] Don't know	[] Y [] N [] Don't know	[] Y [] N [] Don't know
ADOPTED OR FOSTER CHILD	[] ADOPTED [] FOSTER	[] ADOPTED [] FOSTER	[] ADOPTED [] FOSTER
Date Placed In Your Home			
If Adopted, Date Final			
Provide Decree or Placement Order	[] Provided	[] Provided	[] Provided
DISABLED CHILD	[] YES	[] YES	[] YES
DISABILITY IS (Describe)			
Proof of Disability Provided	[] Doctor Stmt	[] Doctor Stmt	[] Doctor Stmt
Proof of Disability Provided	[] Health Prov. Stmt	[] Health Prov. Stmt	[] Health Prov. Stmt
Proof of Disability Provided	[] Social Svc. Agency	[] Social Svc. Agency	[] Social Svc. Agency
OTHER, DESCRIBE			
RESIDENCY # Months In your home			
ADDRESS(ES) WHERE YOU LIVED			
Did you sign FORM 8332 or statement releasing Exemption TO other parent?	[] YES [] NO	[] YES [] NO	[] YES [] NO
1. CHILD LIVED WITH YOU? > 6 Mo	[]	[]	[]
Proof of Residency Provided for YOU	[] Landlord Statement	[] OTHER Describe	
Proof of Residency Provided for YOU	[] Lease / Mortgage 1098		
Proof of Residency Provided for YOU	[] Utility Bills		
Proof of Residency Provided for CHILD	[] School Records	[] School Records	[] School Records
Proof of Residency Provided for CHILD	[] Health Prov. Stmt	[] Health Prov. Stmt	[] Health Prov. Stmt
Proof of Residency Provided for CHILD	[] Medical Records	[] Medical Records	[] Medical Records
Proof of Residency Provided for CHILD	[] Childcare Records	[] Childcare Records	[] Childcare Records
Proof of Residency Provided for CHILD	[] Placement Agency	[] Placement Agency	[] Placement Agency
Proof of Residency Provided for CHILD	[] Social Svc. Agency	[] Social Svc. Agency	[] Social Svc. Agency
Proof of Residency Provided for CHILD	[] Church, etc. Stmt	[] Church, etc. Stmt	[] Church, etc. Stmt
Proof of Residency Provided for CHILD	[] Indian Tribal Stmt	[] Indian Tribal Stmt	[] Indian Tribal Stmt
Proof of Residency Provided for CHILD	[] Employer Statement	[] Employer Statement	[] Employer Statement
OTHER, DESCRIBE			
2. CHILD Did NOT Live With You	[]	[]	[]
FORM 8332	[] PROVIDED 8332	[] PROVIDED 8332	[] PROVIDED 8332
FORM 8332 IS REQUIRED & MUST BE ATTACHED TO THE RETURN PER IRS			
3. CHILD - NOT A DEPENDENT (MUST Document RESIDENCY Above)	[] EIC [] HOH [] ACA [] DONE	[] EIC [] HOH [] ADA [] DONE	[] EIC [] HOH [] ADA [] DONE
4. OTHER DEPENDENT	[]	[]	[]
Describe Circumstances			

DEPENDENT INFORMATION	DEPENDENT	DEPENDENT	DEPENDENT
FIRST NAME			

EITC, CTC AND ACTC QUESTIONS

IS CHILD SINGLE (NOT MARRIED)? (or, if married, not filing joint return?)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DID CHILD LIVE IN THE US WITH YOU > 6 MO?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
COULD ANOTHER QUALIFY TO CLAIM?	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Who Lived with you Related to the Child?			
RELATIONSHIP OF CHILD TO OTHER			
If Other is Child's Parent, Their AGI	\$	\$	\$
If you're not Child's Parent, AGI of Other	\$	\$	\$
WHO WON TIE BREAKER RULE? Preparer Use	<input type="checkbox"/> TAXPAYER <input type="checkbox"/> OTHER	<input type="checkbox"/> TAXPAYER <input type="checkbox"/> OTHER	<input type="checkbox"/> TAXPAYER <input type="checkbox"/> OTHER

YOU CANNOT CLAIM THE EITC, CTC OR ACTC IF CHILD DID NOT LIVE WITH YOU FOR MORE THAN 6 MONTHS UNLESS YOU ARE A NON CUSTODIAL PARENT WITH A FORM 8332 FROM THE CUSTODIAL PARENT

FOR DIVORCED OR SEPARATED PARENTS, ONLY THE CUSTODIAL PARENT CAN CLAIM EITC

ONLY THE PERSON CLAIMING THE DEPENDENT CAN CLAIM THE CTC, ACTC AND AOC CREDITS

IF YOU ARE NOT THE CHILD'S PARENT, OTHER TIE BREAKER RULES MAY APPLY

SUPPORT- YOU PAID MORE THAN HALF	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DEPENDENT'S INCOME	<input type="checkbox"/> NONE	<input type="checkbox"/> NONE	<input type="checkbox"/> NONE
WAGES	\$	\$	\$
INTEREST, DIVIDENDS	\$	\$	\$
SOCIAL SECURITY	\$	\$	\$
OTHER	\$	\$	\$
Describe			
FILED TAX RETURN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, We Need A Copy	<input type="checkbox"/> COPY PROVIDED	<input type="checkbox"/> COPY PROVIDED	<input type="checkbox"/> COPY PROVIDED
ARE WE PREPARING child's return	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
CHILD CARE EXPENSE?	\$	\$	\$
Provider Name			
Address			
Provider Tax ID Number			

TAXPAYER PROVIDING INFORMATION

I, the undersigned Taxpayer(s), hereby attest and affirm that I have read the above answers and the information provided is true, correct and complete to the best of my knowledge and belief.

Signature	Date	Signature	Date	INTERVIEWER NAME
Print Name		Print Name		

INTERVIEWER NOTES