

DEPENDENT INFORMATION

FIRST NAME			
LAST NAME			
SOCIAL SECURITY #			
DATE OF BIRTH			
RELATIONSHIP			
IF NOT YOUR SON OR DAUGHTER, WHY AREN'T PARENTS CLAIMING CHILD?			
Is the Parent's AGI > Yours?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know
Documents Provided Proving Relationship			
Adopted - Foster - Guardianship	<input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/>	<input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/>	<input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/>
Date Placed In Your Home			
If Adopted, Date Final			
Provide Decree or Placement Order	<input type="checkbox"/> Provided	<input type="checkbox"/> Provided	<input type="checkbox"/> Provided
STUDENT OVER AGE 18	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
HIGH SCHOOL (GRAD DATE)			
COLLEGE OR TECH	1098-T <input type="checkbox"/>	1098-T <input type="checkbox"/>	1098-T <input type="checkbox"/>
DISABLED OVER AGE 18	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
DISABILITY IS (Describe)			
What Proof do you have? (DR, Health Provider or Social Services Agency Statement, etc.)			
RESIDENCY			
US CITIZEN-NATL-RES ALIEN	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Lived With You In US > 6 mo.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
MONTHS LIVED WITH YOU	#	#	#
DEPENDENT-LIVED WITH YOU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOT DEPENDENT-LIVED WITH YOU	<input type="checkbox"/> EIC <input type="checkbox"/> HOH	<input type="checkbox"/> EIC <input type="checkbox"/> HOH	<input type="checkbox"/> EIC <input type="checkbox"/> HOH
Did you sign FORM 8332 or statement releasing Exemption TO other parent?	<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-DID NOT LIVE WITH YOU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IRS REQUIRES FORM 8332	<input type="checkbox"/> PROVIDED 8332	<input type="checkbox"/> PROVIDED 8332	<input type="checkbox"/> PROVIDED 8332
THE NON CUSTODIAL PARENT IS NOT ELIGIBLE FOR EARNED INCOME CREDIT OR HOH			
OTHER DEPENDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe Circumstances			
PROOF OF RESIDENCY REQUIRED - MARK WHAT WAS PROVIDED			
"LIVED WITH YOU" = MORE THAN 6 MONTHS FOR DIVORCED OR SEPARATED PARENTS	<input type="checkbox"/> School Records	<input type="checkbox"/> School Records	<input type="checkbox"/> School Records
the Child must have SLEPT OVER at Your house MORE NIGHTS than with the other parent	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Medical Records
RESIDENCY DOCUMENTS MUST HAVE	<input type="checkbox"/> Childcare Records	<input type="checkbox"/> Childcare Records	<input type="checkbox"/> Childcare Records
- CHILD'S NAME	<input type="checkbox"/> Statement Provided	<input type="checkbox"/> Statement Provided	<input type="checkbox"/> Statement Provided
- YOUR ADDRESS	by Church, Landlord	by Church, Landlord	by Church, Landlord
- A DATE, OR A DATE RANGE	Social Svc. Agency	Social Svc. Agency	Social Svc. Agency
- DATES MUST SPAN MORE THAN 6 MONTHS	Tribe, Employer Etc	Tribe, Employer Etc	Tribe, Employer Etc
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEPENDENT INFORMATION CONTINUED

FIRST NAME			
EITC, CTC AND ACTC QUESTIONS			
CHILD IS SINGLE (NOT MARRIED)? (or, if married, not filing joint return?)	[] YES [] NO	[] YES [] NO	[] YES [] NO
DID ANYONE ELSE RELATED TO CHILD LIVE IN THE HOME?	[] YES [] NO	[] YES [] NO	[] YES [] NO
CHILD'S RELATIONSHIP TO OTHER PERSON			
AGI OF THE OTHER PERSON	\$	\$	\$
WHO WINS TIE BREAKER RULE?	[] TAXPAYER [] OTHER	[] TAXPAYER [] OTHER	[] TAXPAYER [] OTHER
SUPPORT- YOU PAID MORE THAN HALF	[] YES [] NO	[] YES [] NO	[] YES [] NO
DEPENDENT'S INCOME	[] NONE	[] NONE	[] NONE
WAGES	\$	\$	\$
INTEREST, DIVIDENDS	\$	\$	\$
SOCIAL SECURITY	\$	\$	\$
OTHER	\$	\$	\$
Describe			
FILED TAX RETURN?	[] YES [] NO	[] YES [] NO	[] YES [] NO
If Yes, We Need A Copy	[] COPY PROVIDED	[] COPY PROVIDED	[] COPY PROVIDED
ARE WE PREPARING child's return	[] YES	[] YES	[] YES
CHILD CARE EXPENSE?	\$	\$	\$
Provider Name			
Address			
Provider Tax ID Number			
TAXPAYER PROVIDING INFORMATION			
Print Name	Print Name		
Interviewed By			
NOTES			



TheTaxCrusader.com

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Our Crusade Is To Keep The IRS Out Of Your Wallet!