

Dependent Information

Primary Name _____

Number of Children under 24 years of age _____

Number of Children living at home Under 19 years of age _____

	Child 1	Child 2	Child 3
Dependent Name	_____	_____	_____
Social Security Number	_____	_____	_____
Date of Birth	_____	_____	_____
Age	_____	_____	_____
Relationship to you	_____	_____	_____
# of months in your home	_____	_____	_____
Did your Child have an income?	<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 so, how much?	_____	_____	_____
Did you claim this child last year?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can you provide documentation that the Child lived with you more than half the year? (IE. School or Medical records)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can anyone else claim this child?	<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, who?	_____	_____	_____
Is there an active Form 8332 (Release of Claim to Exemption)	<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 you provide more than half of their support?	<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 the child is 19 Yrs. or older: was the child a full time student for at least 5 months or disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>If the child is NOT your Biological son/daughter:</u>			
A. Can you provide a birth certificate that Verifies your relationship to the child?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Did either parent live with you during the year?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. If the biological parent is NOT living with the Child, where is each biological parent?	MOM _____ DAD _____	MOM _____ DAD _____	MOM _____ DAD _____
<u>College (need 1098T)</u>			
If the Child is a full time student, which school are they attending?	_____	_____	_____
How many years have you <u>previously</u> claimed the American Education Credit? (One, two, three or four years)	_____	_____	_____
How many years in College?	_____	_____	_____
Has the child been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
I certify that I would like my taxes prepared according to the information I supplied above.			
Signature	_____	Date	_____