**Diligence Worksheet**

Instructions: This form must be completed and signed in order to take any of the following credits:

Head of Household *(For tax purposes, this means single parents only.)*

Child Tax Credit

Earned Income Credit

American Opportunity / Education Credit

Please fill out the form to the best of your ability.

If a questions or section does not apply to you, please indicate N/A or Not Applicable.

This form is not valid unless it is signed and dated.

Rebecca Frost, EA

**General Questions**

Have any of the following tax credits been disallowed or reduced in a prior year?

EIC: Earned Income Credit YES or NO

CTC: Child Tax Credit YES or NO

AOTC: American Opportunity Tax Credit (Education Credit) YES or NO

HOH: Head of Household filing status YES or NO

Was the child(ren) under age 19? YES or NO

Was the child(ren) under age 24 **and** a full-time student? YES or NO

Was the child(ren) permanently and totally disabled? YES or NO

*You must complete the Disabled Dependent section on page 6.*

Could any other person claim the child(ren)? YES or NO

*If yes, more questions will be necessary.*

Were you, or your spouse if filing jointly, a nonresident alien for any part of the year? YES or NO

Is the taxpayer or spouse claimed as a dependent on anyone else’s return? YES or NO

Was your main home in the U.S. for more than half the year? YES or NO

How many qualifying children (children claimed on your tax return) do you have? \_\_\_\_\_\_\_

Did the children live with you for more than half the year? YES or NO

Are you filing MFS (Married Filing Separately) YES or NO

Do you, and your spouse if filing jointly, have a valid Social Security Number? YES or NO

**Filing Status**

**⃝ Single – *Go to Page 4***

Name of those who lived in your home but are not reported on this return:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this person biologically related to you? YES or NO Relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_

If this person is a child, why are you not claiming the child on your tax return?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**⃝ Married Filing Jointly (MFJ) or Married Filing Separately (MFS) – *Go to Page 4***

Marriage Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxpayer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxpayer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**⃝ Head of Household** *(For tax purposes, HOH is a single parent paying more than ½ the cost of keeping up a home.)* Provide documentation if you do not pay 100% of the costs below.

Monthly Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (wages, child support, other income\*)

**Amount You Paid** **Total Cost**

Property Taxes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgage Interest Expense \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utility Charges \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Repairs/Maintenance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Eaten in the Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Household Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTALS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Do not count money received under public assistance / welfare / food stamps in the amount you paid, but do include this in the amount under “Total Cost”.*

Other Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Head of Household questions continued on next page.*

**Head of Household** *(continued)*

Marital Status:

⃝ Never Married

⃝ Spouse Deceased

⃝ Divorced or Legally Separated

⃝ Married but lived apart from spouse during the last 6 months of the year

⃝ Separation Agreement

If you are divorced or legally separated, can you provide the IRS with either of the following documents?

⃝ Not Applicable

⃝ Divorce Decree

⃝ Separate Maintenance Agreement or Separation Agreement

If you are married but did not reside with your spouse for the last 6 months of the tax year, can you provide the IRS with any of the supporting documents verifying that your spouse did not live with you?

⃝ Not Applicable

⃝ Lease Agreement

⃝ Utility Bills

⃝ Letter from a clergy member

⃝ Letter from Social Services

⃝ Other Supporting Documentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If requested, can you provide the IRS with receipts and bills substantiating the cost of maintaining more than half the cost of the home?

⃝ Utility Bills

⃝ Property Tax Bills

⃝ Grocery Receipts

⃝ Rent Receipts or Mortgage Interest Statement

⃝ Maintenance and Repair Bills

⃝ Other Household Bills

Did you receive non-taxable support / income?

⃝ Family Support

⃝ Food Stamps

⃝ Housing Assistance

⃝ Childcare Assistance

⃝ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Self-Employment Income**

***If not self-employed, go to Page 5 – Qualifying Children.***

Description of Business (Type of work rendered, product sold, business location, hours of operation, etc.\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you owned your business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much do you charge for your services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide copies of the following documents:

⃝ Business Cards

⃝ Business Stationary

⃝ Receipts or Receipt Book (with company header)

⃝ Business / Occupational License (if required)

⃝ Other Documentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who maintains the business records? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you maintain separate banking accounts for personal and business transactions?

⃝ Yes: In what form were records provided? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⃝ No: How do you differentiate between personal and business transactions and monetary assets?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you keep good records of income and expenses?

⃝ Yes: Please provide copies of the following documents:

⃝ Accounting records

⃝ Paid Invoices / Receipts

⃝ Log Books

⃝ Computer Records

⃝ Car / Truck Expenses

⃝ Ledgers

⃝ Business Bank Account Statements

⃝ Other Documentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⃝ No: How did you determine: The Amount of income? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Amount of expenses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Self-Employment Income questions continued on next page.*

**Self-Employment Income** *(continued)*

Have you received Form 1099-MISC or 1099-NEC to support your income? YES or NO

If NO, is it reasonable that your business type would **not** receive Form 1099 YES or NO

Are your expenses consistent with the type of business? YES or NO

Are the amounts of expenses reasonable? YES or NO

Are any expenses that are typical for this type of business missing? YES or NO

What services do you perform? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximately how many clients to you have? \_\_\_\_\_\_\_

How often do you provide services for each client? \_\_\_\_\_\_\_

What types of items do you need to operate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do these items need to be replace? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you travel for business? YES or NO

When and where do you travel for business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qualifying Children**

Child’s Full Name Child’s Date of Birth #Days in Home Relationship to Taxpayer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are any of these children non-biological YES or NO

*If YES, additional documentation will be required.*

**Documentation of the child’s residency with you for 6+ months of the tax year is required.**

Please see the “Head of Household and Earned Income Credit” documentation card.

**Disabled Dependent (of any age)**

If your dependent is over the age of 18 and is disabled, what is their disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this dependent been declared disabled by a physician? YES or NO

If so, can you provide documentation? YES or NO

Does the dependent receive Social Security / disability benefits? YES or NO

If YES, how much do they received? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please provide SSA-1099

Are you listed as the Social Security Representative Payee for this dependent? YES or NO

Is the dependent expected to recover in the next year? YES or NO

If this is not your biological child, why is this child living with you and not another family member?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who cares for the disabled dependent while the Taxpayer works?

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**College Credits**

*(Fill out this section only if you, or any of your dependents, attended college.)*

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Taxpayer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which college did the student attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the student receive a tuition statement from the school? YES or NO

If YES, please provide Form 1098-T Tuition Statement

If NO, please provide BURSAR Statement or Account History

Tuition Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of Books/Materials: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ You must provide receipts.

Did the student work while attending school? YES or NO

How much did they earn? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many years has the student claimed the American Opportunity Tax Credit (AOTC)? \_\_\_\_\_\_\_\_\_\_

Does the student have any drug-related felonies? YES or NO

**Qualifying Relative**

*(Other than children under 19 or students under 24)*

Name of Relative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of Relative: \_\_\_\_\_\_\_\_\_\_

Relationship to Taxpayer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this person someone else’s Qualifying Child? YES or NO

*(A Qualifying child is a child who is claimed as a dependent.)*

How many months out of the year did the person live with you? \_\_\_\_\_\_\_\_\_\_

Please list the person’s gross income for the year and the source of that income:

Social Security Income $ \_\_\_\_\_\_\_\_\_\_

Other Income $ \_\_\_\_\_\_\_\_\_\_

Is the person required to file a tax return? YES or NO

Will the person be filing a tax return this year? YES or NO

Did you provide more than half of the support for that person during the year? YES or NO

Please include other pertinent information that might help in determining the eligibility of this person as your dependent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Qualifying Relative questions continued on next page.*

**Qualifying Relative** *(continued)*

Additional Information you wish to supply:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Taxpayer has provided accurate answers to the above questions and attests them to be true and correct to the best of the taxpayer’s knowledge. Taxpayer is aware that claiming a dependent for EITC / CTC / AOT / HOH or for other reasons can result in an audit, fines, and penalties if information provided to the preparer is incorrect.**

Print Taxpayer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_\_\_\_

Taxpayer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_\_\_\_

Spouse’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_