

Dependent Information

Taxpayer Name: _____ Dependent Name: _____

Dependent Social Security /ITIN # _____ DOB: _____

Dependent If:

- U.S Citizen
 U.S Resident Alien
 U.S National
 Resident: Mexico/Canada (Parent)

Parents	Grandparents/Uncles/ Others claiming dep.
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|--|--|
| <input type="checkbox"/> Birth Certificate (parent TP listed on BC)
<input type="checkbox"/> Social Security Card / ITIN letter
<input type="checkbox"/> Adoption Agency (placement) | <input type="checkbox"/> Birth Certificate of ALL to show relationship
<input type="checkbox"/> Marriage Certificate to verify relationship to QR
<input type="checkbox"/> Court Document (placement) |
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Qualifying Child (QC) Relationship (to TP)	Qualifying Relative (QR) Relationship (to TP)
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- | | |
|---|---|
| <input type="checkbox"/> Son, Daughter
<input type="checkbox"/> Grandchild
<input type="checkbox"/> Stepchild
<input type="checkbox"/> FosterChild
<input type="checkbox"/> Brother, Sister
<input type="checkbox"/> 1/2 Brother/Sister or Stepbrother/sister
<input type="checkbox"/> Descendant of any listed (niece, nephew) Blood | <input type="checkbox"/> Father/Mother
<input type="checkbox"/> Grandparents
<input type="checkbox"/> Must be related to you
<input type="checkbox"/> QR: Must have lived with you all year as a member of your household (& your relationship must not violate local law.)
<input type="checkbox"/> |
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Age (QC must be younger than you or your spouse)	Age
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|---|---|
| <input type="checkbox"/> 0-18 yrs (Child)
<input type="checkbox"/> 19-23 yrs (Full Time Student: 5 mos of year)
<input type="checkbox"/> Permanently Totally Disabled | <input type="checkbox"/> No age test for QR
<input type="checkbox"/> 19 yrs. & Older & NOT a student |
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Residency	Residency
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- | | |
|---|---|
| <input type="checkbox"/> Lived with you more than (1/2) half the year | <input type="checkbox"/> If non-blood related person, must have lived with you entire (12) months:_____ |
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To prove the dependent lived with you in the U.S. the documents must have: Your U.S. address, your name, and the dependent's name, the date of the Tax year being filed (must cover 6 mos or 12) If only child's name is listed then, another document with your name and same address must be included.

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| <input type="checkbox"/> School Record
<input type="checkbox"/> Medical Record (doctor or hospital bill)
<input type="checkbox"/> Adoption or child placement document
<input type="checkbox"/> Court Records
<input type="checkbox"/> or Statement on letterhead
<input type="checkbox"/> Daycare statement (may NOT BE RELATIVE) | <input type="checkbox"/> Statement from Social Services Agency
<input type="checkbox"/> Statement from your Employer
<input type="checkbox"/> An Indian Tribal Official letter
<input type="checkbox"/> From landlord or property manager (with dates)
<input type="checkbox"/> Statement from Place of worship
<input type="checkbox"/> Lease/Rental Agreement (with dates) |
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Support	Support
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- | | |
|---|---|
| <input type="checkbox"/> You provided more than half of their own support

<input type="checkbox"/> Rent Receipts <input type="checkbox"/> Rental/Lease agreement
<input type="checkbox"/> Electric Bill <input type="checkbox"/> 1098- Mortgage statement
<input type="checkbox"/> Water/Trash Bill <input type="checkbox"/> Property Taxes
<input type="checkbox"/> Gas Bill <input type="checkbox"/> 1099- Mortgage interest state. | <input type="checkbox"/> You provided more than half of their own support & the person's gross income was < \$4000

<input type="checkbox"/> Repair Bills <input type="checkbox"/> W2, 1099-G, 1099-R
<input type="checkbox"/> Household Bills <input type="checkbox"/> 1099-NEC
<input type="checkbox"/> Insurance State. <input type="checkbox"/> 1099-K
<input type="checkbox"/> Bank Transfer <input type="checkbox"/> P&L Statement |
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Turn Over