

Dependent #

First Name	Last Name	Date of Birth	SSN	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Dependent's relationship to taxpayer/spouse: <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Sibling <input type="checkbox"/> Step brother/sister <input type="checkbox"/> Half brother/sister <input type="checkbox"/> Parent <input type="checkbox"/> Other _____				
How many months did dependent live with you during 2019? _____ months <i>(If dependent did not live with you due to separation or divorce, please attached a completed Form 8332 signed by the custodial parent.)</i>				
<input type="checkbox"/> Y <input type="checkbox"/> N Have you released the claim for this dependency exemption to another taxpayer?				
<input type="checkbox"/> Y <input type="checkbox"/> N Did you provide over 50% of dependent's support during 2019?				
<input type="checkbox"/> Y <input type="checkbox"/> N Is dependent married and filing a joint return with his/her spouse for 2019?				
<input type="checkbox"/> Y <input type="checkbox"/> N Is dependent a U.S. Citizen, U.S. National, or U.S. Resident Alien?				
<input type="checkbox"/> Y <input type="checkbox"/> N Are there any other adults living in the household (other than you and your spouse)?				
<input type="checkbox"/> Y <input type="checkbox"/> N Is dependent totally and permanently disabled?				
<input type="checkbox"/> Y <input type="checkbox"/> N Did you pay any child/dependent care expenses for this dependent? If yes, please provide:				
Provider's Name & Address			SSN or EIN	Amount Paid
				\$
<input type="checkbox"/> Y <input type="checkbox"/> N Did you pay any private school tuition (grades 5K-12) for this dependent? If yes, please provide:				
School Name & Address		School EIN	Student's Grade	Amount Paid
				\$
<input type="checkbox"/> Y <input type="checkbox"/> N If dependent is between the ages of 19-24, was he/she a full-time student for any part of five calendar months during 2019? *If yes , please attach Form 1098-T along with a <u>detailed student account activity statement</u> showing amounts billed <u>and</u> amounts paid in 2019.				
Amounts paid for: Books & Supplies \$ _____ Room & Board \$ _____				
<input type="checkbox"/> Y <input type="checkbox"/> N Did student complete the first 4 years of postsecondary education <u>before</u> 2019? What year of school is student currently in? _____				
<input type="checkbox"/> Y <input type="checkbox"/> N Was student enrolled in a program leading to a degree or certificate?				
<input type="checkbox"/> Y <input type="checkbox"/> N Does student have a federal or state felony drug conviction?				
<input type="checkbox"/> Y <input type="checkbox"/> N Did student receive a distribution from an education savings account or qualified tuition program? *If yes , attach Form 1099-Q.				
<input type="checkbox"/> Y <input type="checkbox"/> N Was 1099-Q issued in Student's name and Social Security Number?				
<input type="checkbox"/> Y <input type="checkbox"/> N Is dependent's gross income less than \$4,200?				
<input type="checkbox"/> Y <input type="checkbox"/> N Does dependent have interest/dividend income in excess of \$1,100, or total investment income in excess of \$2,100? If yes, please provide documents.				
<input type="checkbox"/> Y <input type="checkbox"/> N If your dependent has income, would you like us to prepare your dependent's tax return? (Recommended). Minimum fee \$50.00. Additional forms billed at 30% discount.				
<input type="checkbox"/> Y <input type="checkbox"/> N In previous years, have any of the following credits related to this dependent been disallowed or reduced by the IRS: <i>Child Tax Credit, Additional Child Tax Credit, Earned Income Tax Credit, or the American Opportunity Credit?</i> If yes, please attach detailed explanation.				