

Dependent #1

First Name	Last Name	Date of Birth	SSN	Gender <input type="checkbox"/> M <input type="checkbox"/> F														
<p>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 _____</p> <p>How many months did dependent live with you during 2020? _____ 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></p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Have you released the claim for this dependency exemption to another taxpayer?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Did you provide over 50% of dependent's support during 2020?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Is dependent married and filing a joint return with his/her spouse for 2020?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Is dependent a U.S. Citizen, U.S. National, or U.S. Resident Alien?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Are there any other adults living in the household (other than you and your spouse)?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Is dependent totally and permanently disabled?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Did you pay any child/dependent care expenses for this dependent? If yes, please provide:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Provider's Name & Address</th> <th style="width:20%;">SSN or EIN</th> <th style="width:20%;">Amount Paid</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: center;">\$</td> </tr> </tbody> </table> <p><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:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">School Name & Address</th> <th style="width:20%;">School EIN</th> <th style="width:20%;">Student's Grade</th> <th style="width:20%;">Amount Paid</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">\$</td> </tr> </tbody> </table> <p><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 2020? <i>*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 2020.</i></p> <p>Amounts paid for: Books & Supplies \$ _____ Room & Board \$ _____</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Did student complete the first 4 years of postsecondary education <u>before</u> 2020? What year of school is student currently in? _____</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Was student enrolled in a program leading to a degree or certificate?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Does student have a federal or state felony drug conviction?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Did student receive a distribution from an education savings account or qualified tuition program? <i>*If yes, attach Form 1099-Q.</i></p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Was 1099-Q issued in Student's name and Social Security Number?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Is dependent's gross income less than \$4,300?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Does dependent have interest/dividend income in excess of \$11,000, or total investment income in excess of \$2,200? If yes, please provide documents.</p> <p><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). <u>Minimum fee \$50.00. Additional forms billed at 30% discount.</u></p> <p><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.</p>					Provider's Name & Address	SSN or EIN	Amount Paid			\$	School Name & Address	School EIN	Student's Grade	Amount Paid				\$
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