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EARNED INCOME CREDIT QUESTIONAIRE

This information is used to supplement the Client Intake Sheet in compliance with the IRS
We are required to retain your answers as back up for statements made in your tax filing
This is a basic questionnaire and the IRS could ask for further proof of your answers

Child 1
First Name

Y ☐ N ☐ Does the child have a social security number?

Check those that apply:

AGE

Y	N	
☐	☐	Was the child 18 or younger on December 31st? or,
☐	☐	Was the child 23 or younger and a full-time student at least five months last year? or,
☐	☐	Was the child permanently to totally disabled at any time last year (any age)? If yes, what is disability?

RELATIONSHIP

Was the child any of the following:

☐ Son ☐ Daughter ☐ Adopted Child ☐ Stepchild
☐ Brother ☐ Sister ☐ Half-Brother/Sister
☐ Step Brother/Sister ☐ Eligible Foster Child
☐ A descendant of any of the above (i.e. grandchild, niece, nephew, etc.)

RESIDENCY

Y	N	
☐	☐	Did the child live with you in the US for more than half the year?

JOINT RETURN

☐	☐	Did this child file a joint tax return?
☐	☐	If yes, was it only to claim a refund and they otherwise did not need to file?

OTHER

☐	☐	Could anyone else claim this person as a dependent?
☐	☐	if yes, who is this other person?
☐	☐	if yes, why is this person not claiming the dependent?

☐	☐	Can you, if asked, provide proof of dependents residence with you? (i.e a school or medical record, other document)

Please fill out one sheet for each child
We may ask you to provide proof of residency for the child in accordance with IRS rules.
(examples: a school record with address, or statement from a landlord.)