

Dependents

Dependent 1 of _____:

First Name	M.I.	Last Name	Relationship	Birthdate	SSN

Check all that apply:

Lived in the Home: 5 months or less 6 to 9 months 10 to 12 months

Attends: Daycare Elementary High School College/University Does Not Apply

Dependency Questionnaire

Is the above child/dependent related to the taxpayer by birth or bloodline? Yes No

Is the child/dependent you are claiming citizens or nationals of the U.S.? Yes No

Can you provide a birth certificate that verifies your relationship to the dependent? Yes
 No

Was the child/dependent under the age of 24 at the end of the tax year and attended school at least 5 months? Yes No

Did the child/dependent live with you for more than half of 2019? Yes No

Office Use Only: The dependent is a qualifying child relative

Dependent 2 of _____:

First Name	M.I.	Last Name	Relationship	Birthdate	SSN

Check all that apply:

Lived in the Home: 5 months or less 6 to 9 months 10 to 12 months

Attends: Daycare Elementary High School College/University Does Not Apply

Dependency Questionnaire

Is the above child/dependent related to the taxpayer by birth or bloodline? Yes No

Is the child/dependent you are claiming citizens or nationals of the U.S.? Yes No

Can you provide a birth certificate that verifies your relationship to the dependent? Yes
 No

Was the child/dependent under the age of 24 at the end of the tax year and attended school at least 5 months? Yes No

Did the child/dependent live with you for more than half of 2019? Yes No

Office Use Only: The dependent is a qualifying child relative

Dependents

Dependent 3 of _____:

First Name	M.I.	Last Name	Relationship	Birthdate	SSN

Check all that apply:

Lived in the Home: 5 months or less 6 to 9 months 10 to 12 months

Attends: Daycare Elementary High School College/University Does Not Apply

Dependency Questionnaire

Is the above child/dependent related to the taxpayer by birth or bloodline? Yes No

Is the child/dependent you are claiming citizens or nationals of the U.S.? Yes No

Can you provide a birth certificate that verifies your relationship to the dependent? Yes No

Was the child/dependent under the age of 24 at the end of the tax year and attended school at least 5 months? Yes No

Did the child/dependent live with you for more than half of 2019? Yes No

Office Use Only: The dependent is a qualifying child relative

Dependent 4 of _____:

First Name	M.I.	Last Name	Relationship	Birthdate	SSN

Check all that apply:

Lived in the Home: 5 months or less 6 to 9 months 10 to 12 months

Attends: Daycare Elementary High School College/University Does Not Apply

Dependency Questionnaire

Is the above child/dependent related to the taxpayer by birth or bloodline? Yes No

Is the child/dependent you are claiming citizens or nationals of the U.S.? Yes No

Can you provide a birth certificate that verifies your relationship to the dependent? Yes No

Was the child/dependent under the age of 24 at the end of the tax year and attended school at least 5 months? Yes No

Did the child/dependent live with you for more than half of 2019? Yes No

Office Use Only: The dependent is a qualifying child relative

Due Diligence Questionnaire

Child Tax Credit (CTC), Additional Child Tax Credit and (ACTC) American Opportunity Credit (AOC)

	AOC		CTC/ACTC	
Can you provide documentation, if required, to substantiate your eligibility for each credit and the amount of each credit being claimed? (See below for examples of documentation)	Yes N/A	No	Yes N/A	No
	AOC		CTC/ACTC	
Were any of these credits disallowed or reduced in prior years?	Yes N/A	No	Yes N/A	No
	CTC/ACTC			
Did all children for whom you are claiming the Child Tax Credit and/or Additional Tax reside with you?	Yes	No	N/A	
Is there an active Form 8332, <i>Release/Revocation of Claim to Exemption for Child by Custodial Parent</i> , or a similar statement in place, such as divorce decree, in place?	Yes	No	N/A	
Did you release the claim for exemption to another person?	Yes	No	N/A	

Documentation Examples (<i>list not all-inclusive</i>)	
<i>Per Internal Revenue Service (IRS) to reduce tax credit fraud, please bring at least one document from each list, if it applies, for each dependent.</i>	
Residency <ul style="list-style-type: none"> ❖ School records or statement ❖ Landlord or a property management statement. ❖ Health care provider statement. ❖ Medical Records ❖ Child Care provider records ❖ Placement agency records ❖ Social service records or statement. ❖ Place of worship statement. ❖ Indian tribal official statement. 	Disability <ul style="list-style-type: none"> ❖ Doctor’s statement ❖ Health care provider’s statement ❖ Social service agency or program statement Schedule C <ul style="list-style-type: none"> ❖ Business license ❖ Form 1099 ❖ Records of gross receipts ❖ Summary of income ❖ Records of expenses
** (If school participates in “Aeries Portal” or similar academic portal, under Student Info, select Demographics. This form meets IRS requirement.** Please Note: The form must contain the dependent’s name, your name, and residence address.	

I, _____, solemnly swear that the information provided is true and I take full responsibility for any false information provided in preparation of my _____ tax return I provided all the information required to accurately complete my tax return to *Lopez & Associates Income Tax Services*. It is not my intent to provide any fraudulent information to the IRS or FTB. I understand that the failure to provide accurate information in this questionnaire may result in the imposition of accuracy-related or fraud penalties and interest charges.

Signature

Date

Earned Income Credit, Child Tax Credit Questionnaire

Taxpayer's Name: _____

Soc Sec No: _____

Fill out this form if your income is less than this amount		
Qualifying Children	Single or Head of Household	Married Filing Joint
None	\$15,570	\$21,370
1	\$41,094	\$46,884
2	\$46,703	\$52,493
3 or more	\$50,162	\$55,952

	Child 1	Child 2	Child 3
Child's Name			
Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half-brother, half-sister, or a descendant of any of them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the child unmarried at the end of 20__?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the child live with the taxpayer in the United States for over half of 20__?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If child is not taxpayer's son or daughter, do you or your spouse have legal custody of the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF "NO," - why are the parent's not claiming the child(ren)?			
Was the child (at the end of 20__)— • Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), • Under age 24, a student (defined in the instructions), and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or • Any age and permanently and totally disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know of another person who could claim the child as their dependent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter the child's relationship to the other person(s)			
What documents can you show to prove that your child lived with you for more than six months? (A list of acceptable documents is provided at the end of this questionnaire. Please list them at right)			

I, _____, solemnly swear that the information provided is true and I take full responsibility for any false information provided in preparation of my _____ tax return I provided all the information required to accurately complete my tax return to *Lopez & Associates Income Tax Services*. It is not my intent to provide any fraudulent information to the IRS or FTB. I understand that the failure to provide accurate information in this questionnaire may result in the imposition of accuracy-related or fraud penalties, interest charges, and a ban for two or ten years from claiming the EIC tax credit.

Signature

Date

Acceptable documents:

Proof the child lived with you:

School records; Medical records; Letter in official letterhead from the child's medical provider, social services agency, school, or church.