



Dependent EIC Due Diligence

(List all dependents that fall under the relationship status that is legal by the IRS code)

Name	DOB	SSN	Relationship	Disabled
_____	_/_/____	____-____-____	_____	Yes or No
_____	_/_/____	____-____-____	_____	Yes or No
_____	_/_/____	____-____-____	_____	Yes or No
_____	_/_/____	____-____-____	_____	Yes or No

Did your dependent (s) live with you in your home during this tax year? Yes or No
 (If No, do not continue this questionnaire, by IRS protocol this person is not your dependent)

How many months did your dependent(s) live with you in this tax year? # of month's _____

Can anyone else claim this person as a dependent this tax year? Yes or No

Did you claim the same dependent last tax year? Yes or No

If you are audited by the IRS, can you prove relationship, residency and dependency? Yes or No

If your dependent is a grandchild or foster child, where are the parents?

Do the parents of the grand or foster child contribute to the care of dependent? Yes or No
 (If yes, is it more than 50% ?) Yes or No

Do you receive any assistance for your dependents from any agency or person? Yes or No
 (if so, how much \$ _____)

Do you have a birth certificate and social security card for each dependent? Yes or No
 (WE MUST HAVE A COPY ON FILE)

Do you have school or daycare records for your dependent? Yes or No
 (PLEASE PROVIDE A COPY FOR YOUR FILE)

