

DEPENDENT EIC DUE DILIGENCE

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

Name	Date of Birth	SSN	Relationship	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
_____	___/___/___	___-___-___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did your dependent(s) live with you in your home during this tax year? Yes 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? _____

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

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

If you are audited by the IRS, can you prove relationship, residency, and dependency? Yes 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 No
 If yes, is it more than 50%? Yes No

Do you receive any assistance for your dependents from any agency or person? Yes No
 If yes, how much \$ _____?

Do you have a birth certificate and social security card for each dependent? Yes No
 We MUST have a copy on file.

Do you have school or daycare records for your dependent? Yes No
 Please provide a copy for your file.