

IRS Required Dependency Questionnaire

We're sorry, but IRS requires that YOU complete this for each dependent

1. Could you the taxpayer (or your spouse if married filing jointly) be a dependent of any other person? Yes No

2. Dependent's name: _____
(exactly as it appears on the dependent's social security card)

3. Dependent's Date of Birth: _____ Age _____ (as of December 31, 2017)

4. Relationship: **check one** Son Daughter Stepchild eligible Foster Child (court directed)

or Other Relationship _____

examples: brother, sister, step brother, step sister, half brother, half sister, aunt, uncle, niece, nephew, parent, grandparent, grandchild

or No Relationship, did person **live with you** in **your household** the **entire year (full 12 months)?** Yes No

5. If dependent is **YOUR** child, **check one** under 19 19 to 24 and full time student (in school at least 5 months)
 any age and totally and permanently disabled (you must have **written proof**)

5a. If the child "**is NOT your**" son or daughter, **you must explain why the child's own parents are not claiming the child:** _____

5b. Did the child live with you **more than 6 months (at least 183 nights)** in 2017? Yes No
(if born or died during the year, check Yes)

If "Yes" do you have **Written Proof with "your" address as the "child's" address that "proves"** the child lived with you, such as school records, medical records, child care records, etc? Yes No

5c. Can any other person claim the child lived with them more than 6 months or 183 nights? Yes No

6. Is the dependent a citizen or national of the United States? Yes No

7. Is the dependent married? Yes No

If "Yes", is he/she filing a joint return with his/her spouse? Yes No

8. Did the dependent **earn** more than \$4,050 in 2017? (earnings do not include Social Security or investments) Yes No

9. Check any and all financial assistance received **by or for** the dependent

- Child support Food Stamps Medicare Medicaid/ Hoosier Healthwise WIC Welfare
- Housing/Utility assistance Day Care Benefits Help from Family Other _____
- Social Security Benefits \$_____ (if dependent receives social security, how much?)

10. Who paid more for the dependents support? I paid more than dependent paid Dependent paid more than I paid
You must be able to prove you paid more for dependents support than the total income received by the dependent ("support" means living expenses, such as food, clothing, housing, health, education, recreation, transportation, etc.)

11. If you file as **Single or Head of Household** - does anyone in your household earn more money than you do? Yes No
If Yes, what is the higher income person's relationship to the dependent? _____

12. Are you wanting to use this dependent for Head of Household purposes only? Yes No

I have disclosed the above information to my income tax preparer to prepare my 2017 tax return and I further submit that this information is correct to the best of my knowledge and I can prove and produce records if requested.

Signature: _____ Date: _____ Reviewed by _____