

# Dependent Worksheet

**Changes in Federal Tax Law require Tax Practitioners to adhere to Due Diligence rules for claiming dependents.** In order to comply with the new law, complete this form in its entirety to claim a dependent.

**Child Care:** Qualifying expense for care which allows you to work, look for work, or go to school full time. This information must be provided even if you have dependent care benefits.

## TAXPAYER AND SPOUSE SIGNATURES *(Required)*

Under penalties of perjury, the information provided about my dependent(s) is to my (our) knowledge true and accurate.

<i>Taxpayer Must Sign Here</i>		<i>Spouse Must Sign Here</i>	
Taxpayer's Printed Name:	Date	Spouse's Printed Name	Date

## DEPENDENT #1 *(Please Print)*

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship
Child lived with taxpayers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of months:	Dependent's Earned Income: \$	Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this dependent filed a tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is there another parent who could claim this child as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, must provide copy of first page of dependent return</b>			If yes, who?		
Did you provide more than 50% of the financial support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			Divorced/Separated: Do you alternate claiming in even/odd years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Care Provider <i>(if child under age 13)</i>					
Provider's Name:		Provider's ID# or SS#:		Amount Paid for Childcare: \$	
Provider's Address, City, State:					

## DEPENDENT #2 *(Please Print)*

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship
Child lived with taxpayers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of months:	Dependent's Earned Income: \$	Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this dependent filed a tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is there another parent who could claim this child as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, must provide copy of first page of dependent return</b>			If yes, who?		
Did you provide more than 50% of the financial support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			Divorced/Separated: Do you alternate claiming in even/odd years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Care Provider <i>(if child under age 13)</i>					
Provider's Name:		Provider's ID# or SS#:		Amount Paid for Childcare: \$	
Provider's Address, City, State:					

## DEPENDENT #3 *(Please Print)*

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship
Child lived with taxpayers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of months:	Dependent's Earned Income: \$	Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this dependent filed a tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is there another parent who could claim this child as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, must provide copy of first page of dependent return</b>			If yes, who?		
Did you provide more than 50% of the financial support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			Divorced/Separated: Do you alternate claiming in even/odd years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Care Provider <i>(if child under age 13)</i>					
Provider's Name:		Provider's ID# or SS#:		Amount Paid for Childcare: \$	
Provider's Address, City, State:					

**DEPENDENT #4** *(Please Print)*

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship
Child lived with taxpayers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of months:		Dependent's Earned Income: \$	Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this dependent filed a tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, must provide copy of first page of dependent return</b>		Is there another parent who could claim this child as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If yes, who?		
Did you provide more than 50% of the financial support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Divorced/Separated: Do you alternate claiming in even/odd years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Child Care Provider <i>(if child under age 13)</i>					
Provider's Name:		Provider's ID# or SS#:		Amount Paid for Childcare: \$	
Provider's Address, City, State:					

**DEPENDENT #5** *(Please Print)*

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship
Child lived with taxpayers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of months:		Dependent's Earned Income: \$	Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this dependent filed a tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, must provide copy of first page of dependent return</b>		Is there another parent who could claim this child as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If yes, who?		
Did you provide more than 50% of the financial support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Divorced/Separated: Do you alternate claiming in even/odd years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Child Care Provider <i>(if child under age 13)</i>					
Provider's Name:		Provider's ID# or SS#:		Amount Paid for Childcare: \$	
Provider's Address, City, State:					

**DEPENDENT #6** *(Please Print)*

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship
Child lived with taxpayers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of months:		Dependent's Earned Income: \$	Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this dependent filed a tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, must provide copy of first page of dependent return</b>		Is there another parent who could claim this child as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If yes, who?		
Did you provide more than 50% of the financial support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Divorced/Separated: Do you alternate claiming in even/odd years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Child Care Provider <i>(if child under age 13)</i>					
Provider's Name:		Provider's ID# or SS#:		Amount Paid for Childcare: \$	
Provider's Address, City, State:					

**DEPENDENT #7** *(Please Print)*

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship
Child lived with taxpayers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of months:		Dependent's Earned Income: \$	Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this dependent filed a tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, must provide copy of first page of dependent return</b>		Is there another parent who could claim this child as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If yes, who?		
Did you provide more than 50% of the financial support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Divorced/Separated: Do you alternate claiming in even/odd years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Child Care Provider <i>(if child under age 13)</i>					
Provider's Name:		Provider's ID# or SS#:		Amount Paid for Childcare: \$	
Provider's Address, City, State:					