

Dependent Worksheet

To comply with the tax law, you must sign and complete this form in its entirety in order 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.

Taxpayer Must Sign Here

Spouse Must Sign Here

Taxpayer's
Printed Name:

Date

Spouse's
Printed Name

Date

ADVANCE CHILD TAX CREDIT PAYMENTS *(Please Print)*

Advanced Child Tax Credit Payments were paid monthly from July 15–Dec 15 and must be reported on the tax return in order to claim additional credit due. Enter the amount you received each month (enter 0 for months no payment received). In January, the IRS will send you Letter 6419 to provide the total amount of payments they disbursed to you. Please submit a copy of Letter 6419 with your tax paperwork for verification purposes.

July	August	September	October	November	December
\$	\$	\$	\$	\$	\$

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	If yes, must provide copy of first page of dependent return		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 *(if child under age 13)*

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	If yes, must provide copy of first page of dependent return		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 *(if child under age 13)*

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	If yes, must provide copy of first page of dependent return	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 #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	If yes, must provide copy of first page of dependent return	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	If yes, must provide copy of first page of dependent return	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	If yes, must provide copy of first page of dependent return	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:					