2024 Paid Preparer Due Diligence Checklist

- Earned Income Credit (EIC)
- American Opportunity Tax Credit (AOTC) Credit for Other Dependents (ODC)
- Child Tax Credit (CTC)
- Additional Child Tax Credit (ACTC)
- Head of Household (HOH)

	EIC	АОТС	CTC/ACTC/ODC	НОН	
Can you provide documentation, if required, to substantiate your eligibility for each credit and/ or HOH filing status and the amount of each credit being claimed? (See below for examples of documentation.)	Yes No n/a	Yes No n/a	Yes No n/a	Yes No	
	EIC	AOTC	CTC/ACTC/ODC	нон	
Were any of these credits disallowed or reduced in a prior year?	Yes No n/a	Yes No n/a	Yes No n/a	n/a	
	EIC	AOTC	CTC/ACTC/ODC	нон	
Is each qualifying person for whom you are claiming the Child Tax Credit, Additional Child Tax Credit, and Credit for Other Dependents a citizen, national, or resident of the United States?	n/a	n/a	Yes No n/a	n/a	
Did all children for whom you are claiming the Child Tax Credit and/or Additional Child Tax Credit reside with you for more than half the year?	n/a	n/a	Yes No n/a	n/a	
Is there an active Form 8332, Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent, or a similar statement in place?	n/a	n/a	Yes No n/a	n/a	
Did you release the claim for exemption (dependent) to another person?	n/a	n/a	Yes No n/a	n/a	
	EIC	AOTC	CTC/ACTC/ODC	нон	
Have you provided documentation for the American Opportunity Tax Credit, including Form 1098-T and receipts for qualified tuition and related expenses?	n/a	Yes No n/a	n/a	n/a	
	EIC	АОТС	CTC/ACTC/ODC	нон	
Were you unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	n/a	n/a	n/a	Yes No n/a	

Documentation Examples (please provide at least one item from each column if not already being provided)

Residency of a Qualifying Child **Disability of Qualifying** Schedule C • School records or statement. Child • Business license. • Landlord or a property management statement. • Forms 1099. • Medical doctor's statement. • Health care provider statement. • Other health care provider's • Records of gross receipts. Medical records. • Summary of income. statement. • Child care provider records. • Social services agency or • Records of expenses. • Placement agency statement. program statement. • Summary of expenses. • Social service records or statement. • Bank statements to show income • Place of worship statement. and expenses. Indian tribal official statement.

Names of dependent children Child's full name	1					Months lived home in 202		College student?
Did any of the children have u	nearned in	come of \$1,300 or m	ore? Ye	s No	Do any o	f the children hav	e a disability?	Yes No
Is it anticipated that a different	t taxpayer	will seek to claim a	child liste	d above	as their depend	lent for tax year 2	024? Yes N	o
Other dependents or people v	who lived	with you						
Name		Tax ID # *			Date of birth	Months lived in home in 2024	Relationship	Іпсоте