



DC TAXES, INC

205-977-0444

dctaxes2012@gmail.com

2730 Crestwood Boulevard, Irondale
AL, 35210, US

PRIVACY POLICY

The nature of our work requires us to collect certain nonpublic personal information about you from various sources. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission. Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to any third party without your express permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access. Please visit our website at dctaxes2012.com to view our Data Security Policy.

Tax Year: _____ **First & Last Name:** _____

Phone: _____ **Email Address:** _____

Select All Services Needed:

- ☐ Federal Tax Prep
☐ State Tax Prep

- ☐ Irs Payment Arrangement Request
☐ Service Not Listed/I'm Not Sure

All Paid Tax Preparers Are Required By The Irs To Conduct Due Diligence. Tax Preparers Failing To Perform Due Diligence Can Result In A Penalty For Each Return. The Preparer Can Also Be Referred To The Office Of Professional Responsibility, The Irs Criminal Investigation Unit, And/Or The Department Of Justice To Seek An Injunction To Stop The Preparer From Preparing Any Future Returns. Taxpayer Failure To Answer Due Diligence Questions Constitutes A Breach Of The Dc Taxes Engagement Agreement, Leading To Termination

Irs Due Diligence For Self Employed

Answer Each Question Below. *Operating A Business Includes Performing Any Tasks Related To Business Operations With Intentions To Grow Such As Planning, Financing, Marketing, Research & Development, Consultations, And Taking Courses.*

During The Tax Year, Did You (And/Or Your Spouse):

- Start, Operate, Or Stop A Business?: **Yes No**

(If No, Skip The Rest & Go To Irs Due Diligence For Individuals On Next Page)

- Receive A Schedule K-1 From A Partnership, S Corporation, Or Trust?: **Yes No**
- Purchase Any Business Assets Or Convert Any Assets To Business Use?: **Yes No**
- Purchase Or Sell Any Rental Property?: **Yes No**
- Receive Form 1099 Nec?: **Yes No**
- File State And/Or Local Sales Tax Returns?: **Yes No**
- Pay Any One Person/Contractor/Family Member More Than \$600 To Perform A Service For Your Business?: **Yes No**

In The Event Of An Audit Can You Provide Record Of Income?: **Yes No**

Is A License Required For Your Service?: **Yes No**

Do You Have A Business License?: **Yes No**

How Do You Advertise?: _____

By Law You Are Required To Keep Adequate Records. What Type Of Records Do You Maintain To Verify Business Income And Expenses?: _____

How Many Days Per Week Did You Work In Your Business?: _____

How Much Did You Earn Per Week?: _____

Did You Use Your Home For Business?: **Yes No** Sq Ft Used For Business: _____ Total Sq Ft Of Home: _____

Was Your Business A Daycare?: **Yes No** If Yes, Hours Worked/ Day: _____

Did You Stop Using Your Home For A Daycare?: **Yes No**



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Irs Due Diligence For Individuals

Answer Each Question Below.

Were You Married As Of Dec 31 Of The Tax Year?: **Yes No**

Have You (And/Or Your Spouse) Ever Been Disallowed The Earned Income Tax Credit? **Yes No**

During The Tax Year, Did You (And/Or Your Spouse):

- Receive (As A Reward, Award, Or Payment For Property Or Services) Or Sell, Exchange, Or Otherwise Dispose Of A Digital Asset (Or A Financial Interest In A Digital Asset)?: **Yes No**
- Purchase/Sell Your Principal Home?: **Yes No**
- Incur A Loss Due To Damaged Or Stolen Property?: **Yes No**
- Receive Any Social Security Benefits?: **Yes No**
- Receive, Sell, Exchange, Or Acquire Any Domestic And/Or Foreign Financial Interest?: **Yes No**
- Become An Authorized Signature Holder On A Foreign Bank Account?: **Yes No**
- Contribute/Withdraw From Any Retirement (Ira, 401k, Pension) Accounts?: **Yes No**
- Receive Unemployment Compensation Or Jury Duty Pay?: **Yes No**
- Receive Any Prize Or Gambling Winnings?: **Yes No**
- Purchase An Electric Vehicle?: **Yes No**
- Purchase Any Home Energy-Efficient Improvements/Appliances/Upgrades?: **Yes No**
- Pay Any Tuition Costs? **Yes No**
- Pay Any Student Loan Interest?: **Yes No**
- Make Any Federal Or State Estimated Tax Payments?: **Yes No**
- Receive A Schedule K-1 From A Partnership, S Corporation, Or Trust?: **Yes No**
- Purchase Any Business Assets Or Convert Any Assets To Business Use?: **Yes No**
- Purchase Or Sell Any Rental Property?: **Yes No**
- Start, Operate, Or Stop A Business?: **Yes No**



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DC Taxes Support Plans (IRS & State for Current Filing Tax Year)

There's No Guarantee Your Tax Return(s) Won't Be Audited. We Collect And Prepare Your Return(s) With Care And Due Diligence, Double-Checking All Information You Provide To Us. Our Work Is Performed Using Accepted Accounting Practices And Conforms To The Internal Revenue Code And Tax Regulations In Effect For The Tax Year Of The Original Return. In The Event Your Return Is Audited Or You Receive A Notice From The Irs/State About Your Tax Return, Our Support Plans Give You Peace Of Mind. You Won't Have To Deal With The Tax Agencies Alone Because With Your Permission, We Will Receive The Same Notices. Using Our Knowledge Of The Structure And Procedures Of The IRS & State Revenue Departments, We Prepare & Submit The Requested Info On Your Behalf. Our Year-round office hours are Mon-Sat 7a-7p CST and the best way to contact us is call or send an email to team@dctaxes2012.com

DC Taxes IRS Support:

- ☐ Prior tax year (Not eligible)
- ☐ I Accept DC Taxes Irs Support Plan for the current filing tax year. I Authorize Dc Taxes To Add \$89 To My Invoice And Will Email Them Within 5 Business Days At team@dctaxes2012.com If I Receive Any Notices Regarding My Federal Return Or If I Have Questions Regarding The Status Of My Federal Return. I understand that all supporting documents must be received before my return can be filed.
- ☐ I Decline DC Taxes Irs Support Plan for the current filing tax year. If I Have Questions Regarding The Status Of My Return, I Will Contact The Irs At 1-800-829-1040. In The Event Of An Audit, I Will Gather And Submit My Documents To The Irs On My Own.

DC Taxes State Support:

- ☐ Prior tax year (Not eligible)
- ☐ I Do Not Live In A State With Income Tax.
- ☐ I Accept DC Taxes State Support Plan for the current filing tax year. I Authorize Dc Taxes To Add \$89 To My Invoice And Will Email Them Within 5 Business Days To team@dctaxes2012.com If I Receive Any Notices Regarding My State Return Or If I Have Questions Regarding The Status Of My State Return. I understand that all supporting documents must be received before my return can be filed.
- ☐ I Decline DC Taxes State Support Plan for the current filing tax year. If I Have Questions Regarding The Status Of My State Return, I Will Contact My State's Department Of Revenue. In The Event Of An Audit, I Will Gather And Submit My Documents To The State On My Own.

Payment & Bank Info

Bank Name: _____ Routing#: _____ Account #: _____

Select How You Would Like To Pay Your Invoice:

- ☐ I Will Pay The Invoice Directly
- ☐ DC Taxes Will Schedule All Fees (Including Bank, Software, & Processing Fees) To Be Deducted From My Refund & Send A Receipt Once Payment is Posted. (Current Filing Season Only)

Select How You Would Like To Receive Your Anticipated Refund:

- | | |
|--|---|
| <input type="checkbox"/> Checking Account Direct Deposit | <input type="checkbox"/> Prepaid Debit Card |
| <input type="checkbox"/> Savings Account Direct Deposit | <input type="checkbox"/> Check |



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DC Taxes, Inc. Engagement Agreement

Informs You, The Taxpayer, Of The Services We Will Provide, And The Responsibilities You Have For The Preparation Of Your Tax Return(S).

I, the taxpayer (and spouse, if applicable) understand:(Read & Check Each Box In Agreement)

- ☐ DC Taxes Will Prepare My Tax Return(S) Based On The Information I Provided And Services For Tax Preparation Does Not Include Auditing Or Verification Of Information I Provided.
- ☐ This Engagement Does Not Include Any Audit Or Examination Of My Books Or Records. In The Event My Return Is Audited, I Will Be Responsible For Verifying The Items Reported.
- ☐ I Must Review My Return Carefully Before Signing To Ensure The Information Is Correct.
- ☐ The Tax Return Preparation Fee Does Not Include Bookkeeping.
- ☐ If I Terminate This Engagement Before Completion, I Agree To Pay A Fee For Work Completed.
- ☐ If Fees Were To Be Deducted From A Refund That Is Denied/Offset, An Invoice Will Be Sent To Me. I Understand Balances Over 90 Days Will Be Referred To Martini, Hughes & Grossman - Forensic Collections.
- ☐ Fees Charged For Tax Return Preparation Do Not Include Audit/Irs/State Support Or Preparing Materials To Respond To Correspondence From Taxing Authorities.
- ☐ The Engagement To Prepare My Tax Return(S) Terminates Upon Delivery Of My Completed Returns And Original Documents. I Understand I Am To Store My Supporting Documents And Copies Of My Tax Returns In A Secure Place For At Least Seven Years

By Signing, You Acknowledge That You Have Read, Understand, And Accept Your Obligations And Responsibilities And That You Understand Our Responsibilities In Preparing Your Tax Returns, As Explained Above. For A Joint Return, Both Taxpayers Must Sign.

Refund Advance Programs:Applications accepted for current filing season Jan 2-Feb 28

- ☐ I Decline The Refund Advance Program. Once My Return Is Submitted To The Irs, I Am No Longer Eligible To Participate In The Refund Advance Program. I Understand The Path Act Of 2015 Prohibits Any Refunds Claiming Earned Income Credit And/Or Child Tax Credit To Be Paid Prior To Feb 15th.
- ☐ Interest-Free Refund Advance (\$250, 500, Or \$1000 Available Within 48 Hours)
- ☐ Interest-Bearing Refund Advance (Up To \$6000 Available Within 48 Hours)

Select When You Ideally Would Like To See This Completed?

- ☐ PRIORITY RUSH- Prepared & ready to file in 3-5 BUSINESS DAYS \$49
- ☐ NORMAL PROCESSING-Prepared & ready to file in 10-14 BUSINESS DAYS
- ☐ I Would Like To Request An Extension



Sign Here

Taxpayer

Spouse

Date



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TAXPAYER INFO

Enter Information As It Appears On Your Social Security Card And/Or Birth Certificate.

SSN: _____ First & Last Name: _____

Email Address: _____

DOB: _____ Phone: _____ Occupation: _____

Have You Ever Reported Identity Theft to the IRS? **YES NO** If yes, IPPIN? _____

Address, Apt#: _____

City: _____ State: _____ Zip: _____

County: _____ School District: _____

Did You Or Any Member Of Your Tax Household Have Insurance Through The Health Insurance Marketplace during the tax year?: **YES NO** Are You legally blind?: **YES NO**

Enter the number of months You were Totally & Permanently disabled during the tax year: ____

Did the Taxpayer pass away during the tax year?: **YES NO**

Were You a member of the military during the tax year?: **YES NO**

Enter the number of months You were a Part-time/Full-Time student during the tax year: ____

Do You have a valid Social Security number for EIC/Employment purposes?: **YES NO**

Were You a dependent of someone else during the tax year?: **YES NO**

Did You live in any other State during the tax year?: **YES NO**

Did You make money in any other State during the tax year?: **YES NO**

Taxpayer Filing Status: (Choose only 1)

☐ SINGLE

☐ MFJ

☐ SURVIVING SPOUSE

☐ HOH

☐ MFS

☐ NOT SURE

Spouse Information

Enter Information As It Appears On Your Spouse's Social Security Card And/Or Birth Certificate.

Were You Married As Of Dec 31 Of The Tax Year To Be Filed? YES NO

(If No, Skip The Rest & Go To Drivers License/ID Info on Next Page)

Were All Income Decisions Made Equally During The Tax Year? YES NO

Sp SSN: _____ Spouse First & Last Name: _____

Sp Email: _____

Sp Dob: _____ Sp Occupation: _____ Is Spouse Legally Blind?: **YES NO**

Did Spouse Have Insurance Through The Health Insurance Marketplace?: **YES NO**

Enter the number of months Spouse was Totally & Permanently disabled: ____

How Many Months Did You and Your Spouse live together During the tax year? If Spouse passed away during the tax year, please enter 12: ____

Was Spouse a member of the military during the tax year?: **YES NO**

Enter the number of months Spouse was a Part-time/Full-Time student during the tax year: ____

Does Spouse have a valid Social Security number for (EIC)/Employment purposes?: **YES NO**

Was Spouse a dependent of someone else during the tax year?: **YES NO**

Did Spouse live in any other state during tax year?: **YES NO**

Did Spouse make money in any other state during tax year?: **YES NO**



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Driver's License/ID INFO

Enter Information As It Appears On Your Driver's License/ID Card

DL/ID Number: _____ DL/ID State: _____
DL/ID Issue date: _____ DL/ID Exp date: _____

Sp DL/ID Number: _____ Sp DL/ID State: _____
Sp DL/ID Issue Date: _____ Sp DL/ID Exp Date: _____

Itemized Deductions

List The Dollar Amount Below For Personal Expenses Your And/Or Your Tax Household Paid That Was Not Reimbursed.

Are you claiming itemized deductions?: **YES NO**

(If No, Skip The Rest & Go To Self Employed Income & Expenses on Next Page)

Medical Deductibles/Copays: _____
Out Of Pocket Medical Not Reimbursed: _____
Dental Deductibles/Copays: _____
Out Of Pocket Dental Not Reimbursed: _____
Mortgage Interest: _____ State Income Tax: _____
Real Estate Tax: _____ Personal Property Tax: _____
Tax Preparation Fees: _____ Charitable Donations:Cash: _____
Charitable Donations:Mileage: _____ Charitable Donations:Property: _____
Home Efficiency Upgrades: _____
Electric Vehicle Year _____ Make _____ Model _____
Purchase Date _____ Purchase Price _____



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Self Employed Income & Expenses

List the dollar amount below for business income & expenses that was not reimbursed.

Did You (And/Or Your Spouse) Start, Operate, And/Or Stop A Business Last Year?: **YES NO**

(If No, Skip The Rest & Go To Dependents on Next Page)

Business Name: _____ Product/Service: _____

EIN: _____ What Year Did You Start This Business?: _____

Accounting Method? **Accounting** **Cash** **Not Sure**

Gross Receipts/Sales:\$ _____

DID YOU USE YOUR HOME FOR BUSINESS?: **YES NO**

SQ FT USED FOR BUSINESS: _____ TOTAL SQ FT OF HOME: _____

Cost of Goods Sold:(Raw materials for final product) _____

Business Expenses

Advertising: _____ Mileage: _____ Commission/Fees: _____

Contract Labor: _____ R&M: _____ Employee Benefit Programs: _____

Wages: _____ Legal/Prof Fees: _____ Office Expense: _____

Pension: _____ Rent/Lease: _____ Meals: _____ Travel: _____

Insurance: _____ Taxes & Licenses: _____ Utilities: _____ Supplies: _____

Interest: _____ Cell Phone: _____

Medical Ins Paid Through Job: _____ Retirement Paid Through Job: _____

Other: List Expense Amts: _____

Equipment/Items Used For Business

The Irs Allows Business Owners To Deduct Depreciation For Any Equipment With A Useful Life Longer Than 1 Year.

Did You Purchase Any Other Eligible Equipment That Was Used In Your Business During The Last Tax Year?(Furniture, Cell Phones, Office Equipment, Property, Tools): **YES NO**

(If No, Skip To Vehicle Used For Business)

Name Of Equipment/Item: _____

Purchase Date: _____ Purchase Price: _____

What Date (Month & Year) Did You Start Using This Equipment/Item For Business?: _____

Vehicle Used For Business

Did You Use Your Personal Vehicle To Conduct Business?: **YES NO**

(If No, Skip To Dependents On Next Page)

Year Make Model: _____

Purchase Date: _____ purchase Price: _____

What Date (Month & Year) Did You Start Using This Vehicle For Business?: _____



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Dependents

Enter Information As It Appears On Dependent's Social Security Card And/Or Birth Certificate

Are you claiming dependents?: YES NO

(If No, You are Done. Please, review your answers and email your forms and documents to team@dctaxes2012.com)

Dependent 1

Ssn: _____ Name: _____

Relationship: _____ Dob: _____

Do You Want To Claim This Person As A Dependent?: YES NO

Is This Dependent A U.S. Citizen, U.S. National, Or U.S. Resident Alien?: YES NO

Will This Dependent Be Filing A Return For The Tax Year?: YES NO

Do You Wish To Claim This Dependent For Child Tax Credit/Other Dependent Credit?: YES NO

Do You Want To Claim This Dependent For Earned Income Credit?: YES NO

Could Any Other Person Claim This Dependent As A Qualifying Child For EIC Purpose?: YES NO

Did You Pay Over Half Of This Dependent's Support For The Tax Year?: YES NO

At Any Time During The Tax Year, Did This Dependent:

- Pass Away YES NO
- Have Insurance Through The Health Insurance Marketplace?: YES NO
- Become Permanently And Totally Disabled? YES NO
- Presumed By Law Enforcement Authorities To Have Been Kidnapped By Someone Who Is Not A Family Member? YES NO
- Have A Valid Social Security Number For Eic Purposes?: YES NO
- Live With You In The United States For More Than Half Of The Tax Year?: YES NO

How Many Months Did Dependent Live With You?: _____

How Many Months During The Tax Year Was This Dependent A Part-Time Or Full-Time Student? _____

If This Dependent Is Not Your Biological/Adopted Child, Briefly Explain Why The Parents Are Not Claiming Them: _____

In The Event Of An Audit, What Supporting Documents For This Dependent Can You Provide?: _____

Daycare/Babysitter Information

Enter Daycare Information For This Dependent

Do You Have Daycare/Babysitter Info To Enter?: Yes No

(If No, Skip To Dependents On Next Page)

Name: _____

Ein/Ssn: _____ phone Number: _____ Total Amount Paid\$: _____

Street Address: _____

City: _____ State: _____ Zip: _____



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Dependents

Enter Information As It Appears On Dependent's Social Security Card And/Or Birth Certificate

Are you claiming more dependents?: YES NO

(If No, You are Done. Please, review your answers and email your forms and documents to team@dctaxes2012.com)

Dependent 2

Ssn: _____ Name: _____

Relationship: _____ Dob: _____

Do You Want To Claim This Person As A Dependent?: **YES NO**

Is This Dependent A U.S. Citizen, U.S. National, Or U.S. Resident Alien?: **YES NO**

Will This Dependent Be Filing A Return For The Tax Year?: **YES NO**

Do You Wish To Claim This Dependent For Child Tax Credit/Other Dependent Credit?: **YES NO**

Do You Want To Claim This Dependent For Earned Income Credit?: **YES NO**

Could Any Other Person Claim This Dependent As A Qualifying Child For EIC Purpose?: **YES NO**

Did You Pay Over Half Of This Dependent's Support For The Tax Year?: **YES NO**

At Any Time During The Tax Year, Did This Dependent:

- Pass Away **YES NO**
- Have Insurance Through The Health Insurance Marketplace?: **YES NO**
- Become Permanently And Totally Disabled? **YES NO**
- Presumed By Law Enforcement Authorities To Have Been Kidnapped By Someone Who Is Not A Family Member? **YES NO**
- Have A Valid Social Security Number For Eic Purposes?: **YES NO**
- Live With You In The United States For More Than Half Of The Tax Year?: **YES NO**

How Many Months Did Dependent Live With You?: _____

How Many Months During The Tax Year Was This Dependent A Part-Time Or Full-Time Student? _____

If This Dependent Is Not Your Biological/Adopted Child, Briefly Explain Why The Parents Are Not Claiming Them: _____

In The Event Of An Audit, What Supporting Documents For This Dependent Can You Provide?: _____

Daycare/Babysitter Information

Enter Daycare Information For This Dependent

Do You Have Daycare/Babysitter Info To Enter?: **Yes No**

(If No, Skip To Dependents On Next Page)

Name: _____

Ein/Ssn: _____ phone Number: _____ Total Amount Paid\$: _____

Street Address: _____

City: _____ State: _____ Zip: _____



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Dependents

Enter Information As It Appears On Dependent's Social Security Card And/Or Birth Certificate

Are you claiming dependents?: YES NO

(If No, You are Done. Please, review your answers and email your forms and documents to team@dctaxes2012.com)

Dependent 3

Ssn: _____ Name: _____

Relationship: _____ Dob: _____

Do You Want To Claim This Person As A Dependent?: **YES NO**

Is This Dependent A U.S. Citizen, U.S. National, Or U.S. Resident Alien?: **YES NO**

Will This Dependent Be Filing A Return For The Tax Year?: **YES NO**

Do You Wish To Claim This Dependent For Child Tax Credit/Other Dependent Credit?: **YES NO**

Do You Want To Claim This Dependent For Earned Income Credit?: **YES NO**

Could Any Other Person Claim This Dependent As A Qualifying Child For EIC Purpose?: **YES NO**

Did You Pay Over Half Of This Dependent's Support For The Tax Year?: **YES NO**

At Any Time During The Tax Year, Did This Dependent:

- Pass Away **YES NO**
- Have Insurance Through The Health Insurance Marketplace?: **YES NO**
- Become Permanently And Totally Disabled? **YES NO**
- Presumed By Law Enforcement Authorities To Have Been Kidnapped By Someone Who Is Not A Family Member? **YES NO**
- Have A Valid Social Security Number For Eic Purposes?: **YES NO**
- Live With You In The United States For More Than Half Of The Tax Year?: **YES NO**

How Many Months Did Dependent Live With You?: _____

How Many Months During The Tax Year Was This Dependent A Part-Time Or Full-Time Student? _____

If This Dependent Is Not Your Biological/Adopted Child, Briefly Explain Why The Parents Are Not Claiming Them: _____

In The Event Of An Audit, What Supporting Documents For This Dependent Can You Provide?: _____

Daycare/Babysitter Information

Enter Daycare Information For This Dependent

Do You Have Daycare/Babysitter Info To Enter?: **Yes No**

(If No, Skip To Dependents On Next Page)

Name: _____

Ein/Ssn: _____ phone Number: _____ Total Amount Paid\$: _____

Street Address: _____

City: _____ State: _____ Zip: _____



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Dependents

Enter Information As It Appears On Dependent's Social Security Card And/Or Birth Certificate

Are you claiming dependents?: YES NO

(If No, You are Done. Please, review your answers and email your forms and documents to team@dctaxes2012.com)

Dependent 4

Ssn: _____ Name: _____

Relationship: _____ Dob: _____

Do You Want To Claim This Person As A Dependent?: **YES NO**

Is This Dependent A U.S. Citizen, U.S. National, Or U.S. Resident Alien?: **YES NO**

Will This Dependent Be Filing A Return For The Tax Year?: **YES NO**

Do You Wish To Claim This Dependent For Child Tax Credit/Other Dependent Credit?: **YES NO**

Do You Want To Claim This Dependent For Earned Income Credit?: **YES NO**

Could Any Other Person Claim This Dependent As A Qualifying Child For EIC Purpose?: **YES NO**

Did You Pay Over Half Of This Dependent's Support For The Tax Year?: **YES NO**

At Any Time During The Tax Year, Did This Dependent:

- Pass Away **YES NO**
- Have Insurance Through The Health Insurance Marketplace?: **YES NO**
- Become Permanently And Totally Disabled? **YES NO**
- Presumed By Law Enforcement Authorities To Have Been Kidnapped By Someone Who Is Not A Family Member? **YES NO**
- Have A Valid Social Security Number For Eic Purposes?: **YES NO**
- Live With You In The United States For More Than Half Of The Tax Year?: **YES NO**

How Many Months Did Dependent Live With You?: _____

How Many Months During The Tax Year Was This Dependent A Part-Time Or Full-Time Student? _____

If This Dependent Is Not Your Biological/Adopted Child, Briefly Explain Why The Parents Are Not Claiming Them: _____

In The Event Of An Audit, What Supporting Documents For This Dependent Can You Provide?: _____

Daycare/Babysitter Information

Enter Daycare Information For This Dependent

Do You Have Daycare/Babysitter Info To Enter?: **Yes No**

(If No, Skip To Dependents On Next Page)

Name: _____

Ein/Ssn: _____ phone Number: _____ Total Amount Paid\$: _____

Street Address: _____

City: _____ State: _____ Zip: _____