

Sworn Statement of Residency

I. **Name of Parent(s) or Guardian(s):** _____

II. **Tax Period: Dates the Dependent(s) lived with you during the calendar year listed on your tax return:** (Example: Jan. 1, 2026, to Dec. 31, 2026): _____

III. **Address that your Dependent(s) lived with you at during the calendar year listed above:** (List all addresses during the year).

IV. **List All Dependents that lived with you and your relationship to them:**

(Example: Your biological son; if a niece: list how: your biological sister's daughter, etc.):

Dependent Name	Relationship to you
1.	
2.	
3.	
4.	

If you have more than four (4) dependents, fill out another Sworn Statement to list more.

V. **I certify that the Dependents listed above, that I am claiming on my tax return for the tax period listed above, have lived with me in the United States at the address listed above, for more than six (6) months.**

VI. **If I am audited for Earned Income Credit (EIC), Child Tax Credit (CTC), Additional Child Tax Credit (ACTC), Other Dependent Credit (ODC), or Head of Household Filing Status, I can provide proof of qualifying for the credits and deductions.** To prove the Dependent lived with me for more than six (6) months, I can provide the IRS and State taxing authorities with the following (select at least one):

☐ School Records ☐ Medical Records ☐ Daycare Records

☐ Lease Agreement ☐ Court Records ☐ County Records

☐ Other Records: _____

VII. **I hereby declare and certify under penalty of perjury that the facts set forth on this Sworn Statement of Residency are true and correct.**

Taxpayer Signature & Date

Spouse Signature & Date

Taxpayer Printed Name

Spouse Printed Name