

**EITC/CTC/HH/AOC
Due Diligence Questionnaire**

(Revised 1/25/2021)



Relationship	Dependent #1	Dependent #2	Dependent #3
Dependent's Name:			
Year of Birth:			
Relationship to you (or spouse):			
# of Months lived with you:			
<p>Please answer only if this dependent is a STEPCCHILD to either you or your spouse <u>OR</u> if you are single parent.</p> <p><i>Why is the other biological parent not claiming him/her?</i></p>	<input type="checkbox"/> We were never married. <input type="checkbox"/> I don't know where he/she is. <input type="checkbox"/> Custody agreement. <input type="checkbox"/> Not listed on the birth certificate. <input type="checkbox"/> Other:	<input type="checkbox"/> We were never married. <input type="checkbox"/> I don't know where he/she is. <input type="checkbox"/> Custody agreement. <input type="checkbox"/> Not listed on the birth certificate. <input type="checkbox"/> Other:	<input type="checkbox"/> We were never married. <input type="checkbox"/> I don't know where he/she is. <input type="checkbox"/> Custody agreement. <input type="checkbox"/> Not listed on the birth certificate. <input type="checkbox"/> Other:
<p>Please answer only if this dependent's last name is different than either you or your spouse.</p> <p><i>Why is his/her last name different?</i></p>	<input type="checkbox"/> Biological father's last name. <input type="checkbox"/> Biological mother's last name. <input type="checkbox"/> Other:	<input type="checkbox"/> Biological father's last name. <input type="checkbox"/> Biological mother's last name. <input type="checkbox"/> Other:	<input type="checkbox"/> Biological father's last name. <input type="checkbox"/> Biological mother's last name. <input type="checkbox"/> Other:
Residency			
<p>What documents do you have (or can you get) to prove this person lived with you more than 6 months last year?</p>	<input type="checkbox"/> School Records <input type="checkbox"/> Medical Records <input type="checkbox"/> Court/Custody Papers <input type="checkbox"/> A letter from daycare or place of worship. <input type="checkbox"/> Other:	<input type="checkbox"/> School Records <input type="checkbox"/> Medical Records <input type="checkbox"/> Court/Custody Papers <input type="checkbox"/> A letter from daycare or place of worship. <input type="checkbox"/> Other:	<input type="checkbox"/> School Records <input type="checkbox"/> Medical Records <input type="checkbox"/> Court/Custody Papers <input type="checkbox"/> A letter from daycare or place of worship. <input type="checkbox"/> Other:
Support			
<p>Could someone else claim him/her on their taxes?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Did you (and your spouse) provide more than half the support for this person last year?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Did he/she work and make over \$4,500 last year?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

School Information	Dependent #1	Dependent #2	Dependent #3
Was he/she in school for at least 5 months for the year you are claiming him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School:			
Are you (and/or your spouse) listed as the guardian or custodial parent on the school records?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What documents do you have (or can you get) from the school to show he/she was a student last year?	<input type="checkbox"/> Copy of his/her report card <input type="checkbox"/> Letter from school <input type="checkbox"/> 1098-T (from college) <input type="checkbox"/> Other:	<input type="checkbox"/> Copy of his/her report card <input type="checkbox"/> Letter from school <input type="checkbox"/> 1098-T (from college) <input type="checkbox"/> Other:	<input type="checkbox"/> Copy of his/her report card <input type="checkbox"/> Letter from school <input type="checkbox"/> 1098-T (from college) <input type="checkbox"/> Other:
Answer if he/she is/was in college last year. <i>Have you claimed college tax credits for him/her for at least 4 years?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Answer only if he/she is disabled:			
<i>Is the disability permanent?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, what is the disability?</i>			
<i>Do you have (or can you get) a letter from a doctor or other health care provider verifying he/she is permanently and totally disabled?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Answer only if the dependent <u>IS NOT</u> your (or your spouse's) son or daughter:			
<i>Does either of the biological parents live with you?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Why is neither one of the biological parents claiming this person?</i>	<input type="checkbox"/> Legal guardianship <input type="checkbox"/> I (we) have custody <input type="checkbox"/> He/she choose to live with me instead of parent(s). <input type="checkbox"/> Other:	<input type="checkbox"/> Legal guardianship <input type="checkbox"/> I (we) have custody <input type="checkbox"/> He/she choose to live with me instead of parent(s). <input type="checkbox"/> Other:	<input type="checkbox"/> Legal guardianship <input type="checkbox"/> I (we) have custody <input type="checkbox"/> He/she choose to live with me instead of parent(s). <input type="checkbox"/> Other:

Only complete this section if you are SINGLE or MARRIED BUT LIVED APART AFTER 6/30

Did you make over \$15,080 last year?

Yes

No

Do you have (or can you get) documentation such as a lease agreement, utility bill, mortgage or property tax statement, etc. to prove you are head of house?

Yes

No

Did you receive an assistance from family or government benefits (food stamps, TANF, etc.) to assist with your household bills?

Yes

No

Did anyone else live in the home besides you and those you are claiming on this tax return?

Yes

No

*I certify that all my answers I have provided during my preparer's **due diligence interview** are true to the best of my knowledge and that I do have (or can obtain) documentation to show relationship, residency and support of the above dependent(s).*

Name of Person Completing this form: _____

Signature: _____

Date: _____