**Head of Household**

**Questionnaire**

**2023**

1. Taxpayer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Did you provide more than half of all support to maintain a household for a qualifying person?

\_\_ Yes

\_\_ No

1. Marital status:

\_\_ Never Married

\_\_ Widow/Widower

\_\_ Married to Non-Resident Alien Spouse

Received final divorce decree/separation agreement by 12/31 of tax year. (You do not need to provide these now)

\_\_ Divorce decree

\_\_ Official separation agreement

\_\_ Married but lived apart for > 6 months ending on 12/31 of tax year. Check following proofs of separation. (You do not need to provide these now).

\_\_ Not applicable \_\_ Letter from clergy \_\_ Utility bills

\_\_ Lease agreement \_\_ Letter from social services

\_\_ Married to Non-Resident Alien Spouse

\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Qualifying Person

\_\_ Check if child is a nondependent qualifier

Name / relationship of qualifying child or other dependent

Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Taxpayer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name / relationship of qualifying child or other dependent

Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Taxpayer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check next to any of the following you can provide the IRS in order to substantiate maintaining more than half the cost of the home. (Do not attach.)

\_\_ utility bills \_\_ grocery receipts

\_\_ property tax bills \_\_ rent receipts or mortgage interest

\_\_ Other household bills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check next to any of the following to indicate any nontaxable support or income you received. (Do not attach.)

\_\_ Family/parental support \_\_ Housing assistance

\_\_ Food stamps \_\_ Child care assistance

\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_