

Earned Income Credit Due Diligence for Qualifying Child/Dependent

Fill out this form for each dependent you are claiming that is **NOT** son or daughter

Name & Relationship to you? _____

What school (name, city & state) did child attend? _____

More than 6 months? Yes No

Where are parents **IF** not living with child?

Mother? _____

Father? _____

Can you provide the following:

Can you provide birth certificate? Yes No

School records? Yes No

Medical records? Yes No

Social Service records? Yes No

Did you provide more than 50% of care for this dependent? Yes No

By signing this form I agree that the information provided is True and Correct.

Taxpayer: _____

Spouse: _____

Date: ____/____/____