

EARNED INCOME TAX CREDIT QUESTIONNAIRE

IRS is requiring additional questions for qualification for Earned Income Tax Credit (EIC). IRS has determined that they lost over 12 billion dollars in EIC fraud last year and additional questions are required.

General Question:

How many people live with you? _____ How many: Adults _____ Children _____

How many work? _____ List how what their relationship is to you: _____

Does anyone in the household make more money than you? Yes No Are expenses shared ? (groceries, rent, utilities, insurance, etc.) Yes No

If your income is less than \$15,000

How are you paying for rent, utilities, food, etc.? _____

Are you getting assistance from: County State Other How much \$ _____

Does anyone give you funds to live on? Yes No Who _____

How much? _____

Single Male Questions:

Where is the child's mother? _____

Why is the mother not claiming child? _____

Who watches the child while you are at work? _____

Daycare Expenses: \$ _____

Are the mother's earnings more than yours? Yes No

To qualify for EIC, you must complete this questionnaire for your three youngest children that you are claiming as exemptions on your tax return.

Your Marital Status on December 31, 2013: Circle One Married Single

Child #1 Name: _____ Date of Birth: _____

This child's relationship to you: _____

How many months in the calendar year 2013 did this child live with you? _____

Do you have any evidence to prove this child lived in your home such as school records, medical bills, etc? Yes No

Did you receive any financial assistance for the child? **Circle ALL that apply**

Child Support Social Security Benefits Food Stamps Welfare Housing Assistance WIC

Medicaid Other _____

Can anyone else claim this child on their tax return? Yes No

If this child is a student: Circle one Preschool Elementary High School College

Child #2 Name: _____ Date of Birth: _____

This child's relationship to you: _____

How many months in the calendar year 2013 did this child live with you? _____

Do you have any evidence to prove this child lived in your home such as school records, medical bills, etc? Yes No

Did you receive any financial assistance for the child? **Circle ALL that apply**

Child Support Social Security Benefits Food Stamps Welfare Housing Assistance WIC

Medicaid Other _____

Can anyone else claim this child on their tax return? Yes No

If this child is a student: Circle one Preschool Elementary High School College

Child #3 Name: _____ Date of Birth: _____

This child's relationship to you: _____

How many months in the calendar year 2013 did this child live with you? _____

Do you have any evidence to prove this child lived in your home such as school records, medical bills, etc? Yes No

Did you receive any financial assistance for the child? **Circle ALL that apply**

Child Support Social Security Benefits Food Stamps Welfare Housing Assistance WIC

Medicaid Other _____

Can anyone else claim this child on their tax return? Yes No

If this child is a student: Circle one Preschool Elementary High School College

Who pays?

Rent/Mortgage	Me	Parents	Boyfriend/Girlfriend	Other
Home Insurance	Me	Parents	Boyfriend/Girlfriend	Other
Medical Bills	Me	Parents	Boyfriend/Girlfriend	Other
Food	Me	Parents	Boyfriend/Girlfriend	Other
Utilities	Me	Parents	Boyfriend/Girlfriend	Other

Under penalties of perjury I have answered the above questions correctly to the best of my knowledge.

Signature

Date