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"your success is our success"

**DEPENDENTS/EARNED INCOME/CHILD & ADDITIONAL
CHILD TAX CREDIT CHECKLIST IF APPLICABLE**

RETURN WITH REQUIRED DOCUMENTS

1. Please list the name(s) of dependents who you provided more than 50% support for and lived with you for more than half of the tax year. Please attached additional page if needed.

Name	DOB	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Can anyone else claim the dependents listed in question 1 for any of the credits? NO ___ YES ___ (If yes, please provide detailed explanation on why you are claiming child and who other party is)

3. Did any other adult residing in your household have income? NO ___ YES ___ Filing Joint Return ___ (If yes, please provide information regarding the other adult and the amount of income they contributed to the household)

4. Please provide one of the following documents in support of your claim of the dependents residing with you during the tax year that you are claiming for the credit. ***It must show the dependent name at your address.***

- | | |
|---|--------------------------------------|
| School records or a statement | Social Security records or statement |
| Landlord or property management statement | Place of worship statement |
| Healthcare provider statement | Employer statement |
| Medical records | Placement agency statement |
| Child care provider records/statement | |

Has the IRS disallowed or reduce Earned Income Credit, Child Tax Credit, or Additional Child Tax Credit in previous years? ___ Yes ___ No

I certify that the above information is correct to the best of my knowledge.

Taxpayer: _____ Spouse: _____

