

Name _____ Tax Year _____

Head of Household

Yes	No	Please answer these questions.
		Were you married at any time during the past year?
		If you were married, did you live apart from your spouse from June 30 th through Dec 31 st ?
		Did you live in the US for more than 6 months?
		Did you pay more than ½ of the cost of keeping up your home?
		Did another person live with you for more than 6 months?
		Was the person who lived with you your unmarried child?

Dependents

Persons who lived with you for **more than 6** months in the United States:

Name	Relationship	Birthdate	Fulltime Student for at least 5 months		Name of College	I provided more than ½ of this person's support		Child is permanently and totally disabled?		This person made less than \$4,200 in the past year		Claim as Dependent	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Education Tax Credits

Name of Student	Has the student claimed the Hope Scholarship Credit or American Opportunity Tax Credit for any 4 tax years before this year?		Has the student completed 4 years of post-secondary education?		Was the student convicted of a felony for possession or distribution of a controlled substance?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EIC – Earned Income Credit

AOTC - American Opportunity Tax Credit (Education)

CTC – Child Tax Credit

ACT – Additional Child Tax Credit

ODC – Other Dependent Credit

	EIC		AOTC		CTC/ACT/ODC	
Can you provide documentation, if required, to substantiate your eligibility for each credit and the amount of each credit being claimed? (See below for examples of documentation.)	<input type="checkbox"/> Yes <input type="checkbox"/> n/a	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> n/a	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> n/a	<input type="checkbox"/> No
	EIC		AOTC		CTC/ACT/ODC	
Were any of these credits disallowed or reduced in prior year?	<input type="checkbox"/> Yes <input type="checkbox"/> n/a	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> n/a	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> n/a	<input type="checkbox"/> No
	CTC/ACT/ODC					
Is there an active Form 8332, <i>Release/Revocation of Claim to Exemption for Child by Custodial Parent</i> , or a similar statement in place?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> n/a	
Did you release the claim for exemption to another person?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> n/a	

Documentation Examples (list not all-inclusive)	PLEASE CIRCLE EACH ONE YOU CAN PROVIDE
<p>Relationship</p> <ul style="list-style-type: none"> • Birth Certificate • Adoption Decree • Authorized Placement letter • Court document <p>Residency</p> <ul style="list-style-type: none"> • School records or statement • Landlord or a property management statement • Health care provider statement • Medical records • Child care provider records • Placement agency statement • Social service records or statement • Place of worship statement • Indian tribal official statement <p>Disability</p> <ul style="list-style-type: none"> • Doctor’s statement. • Other health care provider’s statement • Social services agency or program statement. 	<p>Marital Status</p> <ul style="list-style-type: none"> • Divorce Decree • Separation Decree <p>Cost of Keeping up Home</p> <ul style="list-style-type: none"> • Rent Receipts • Utility bills • Grocery receipts • Property tax bills • Mortgage interest statement • Upkeep and repair bills • Insurance statement • Other household bills <p>Education</p> <ul style="list-style-type: none"> • Receipts for books, fees, etc. • Form 1098-T

I/we declare under penalty of perjury that the information on these pages is true and correct.

Taxpayer

Spouse if filing jointly

SELF EMPLOYMENT FOR EITC

Business Name _____ Bus. Phone _____

Business Address _____ EIN: _____

Type of Work _____

Number of years in business _____

Business Website Yes No URL _____

Who maintains the business records? _____

Do you have a separate bank account for business transactions? Yes No

If no, how do you determine which transactions are business related: _____

Documentation Examples (list not all-inclusive)	PLEASE CIRCLE EACH ONE YOU CAN PROVIDE
<p>Income</p> <ul style="list-style-type: none"> • Customer Receipt Book • Forms 1099 Misc received • Accounting Records • Computer Records • Ledgers • Client Statements <p>Existence</p> <ul style="list-style-type: none"> • Business License • Contractor License • Business Bank Account • AZ Corporation Commission records • Business cards/stationary • Copies of Advertisements 	<p>Expenses</p> <ul style="list-style-type: none"> • Paid expense receipts • Forms 1099 Misc issued • Log Books (Mileage, Hours Worked) • Rent Expenses • Advertising receipts • Vehicle expense receipts • Insurance • Sales Tax Returns (TPT) • Employment Tax Returns (940/941) • Other _____ • Other _____ • Other _____

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Taxpayer

Spouse if filing jointly