

Dependent Information

Name: _____

Social Security No. _____ - _____ - _____ Date of Birth: ____/____/____

What is the dependent's relationship to you? _____

How long did the dependent reside with you this tax year? _____

Could you provide the following documentation showing the above named dependent is indeed your dependent if questioned by the IRS? (Circle all that apply)

Social Security Card

Birth Certificate

School Records

Medical Records

Other: _____

Is Dependent Married? _____ If yes, Date of Marriage ____/____/____

Is Dependent Disabled? _____ If yes, what type of disability _____

Has Dependent filed taxes for the current tax year? _____

Did you provide **over half** the financial support for the above named dependent? _____

Could anyone other than yourself claim this dependent? _____ If yes, what relationship is the dependent to this person? _____