

Dependent Form
One Form Per Dependent Required

Dependent # _____ (It is easiest to designate the oldest as dependent #1 or if we did your taxes last year just enter name):

Name: _____ SSN / ITIN #: _____

Date of Birth: _____ Relationship: _____

YES **NO**: I am the custodial parent & dependent lived in my home for 183 days or more; I have the right to claim this dependent and have not released claim formally. **(If "No" do not continue form.)**

If I had to, I could provide: social security card, birth certificate, a piece of mail the child has received at my address, school records, medical records, a health care provider statement

YES **NO**: He/she is a citizen or resident of the US.

YES **NO**: This dependent is a relative / Other Dependent.

YES **NO**: There is an active Form 8332 Release of Claim to exemption by the custodial parent.

This child is a student in K-12. He/she is in grade: _____, the name of the school: _____

Did you receive a stimulus payment /advance monthly Child Tax Credit payments for this dependent? **YES** **NO**

Niece / Nephew Dependents Only:

YES **NO**: This child is not my son or daughter. If yes, why is the parent not claiming them:

I am related to the father mother of my dependent; He /She is my brother sister.

YES **NO**: Do you have evidence to prove that this child lived in your home such as school / medical records.

Child Care:

This child was under the age of 12 or disabled and I paid for non-educational babysitting / child care \$ _____ (frequency: _____) for this child while I was working/school full-time:

Provider: _____ SSN/EIN: _____

Address _____

I acknowledge that I have provided J. Squared the above summary for the preparation of my tax return. I did not receive any influence to sign this statement against my will. I certify that the above is true and accurate to the best of my knowledge.

Taxpayer Signature: _____ Print: _____ Date: _____

Spouse Signature: _____ Print: _____ Date: _____

Preparer: I acknowledged that I went over the above information with the client and have gone over the requirements & regulations of the tax code. Preparer Initials: _____ Client's last 4: _____ QC Initials: _____

Expires: 12/31/2024