

Changes in Federal Tax Law require Tax Practitioners to adhere to Due Diligence rules for claiming dependents. In order to comply with the new law, complete this form in its entirety to claim a dependent.

Dependent's gross income must be under \$4,150 unless they were a full-time student under the age of 24.

Child Care: Qualifying expense for care which allows you to work, look for work, or go to school full time. This information must be provided even if you have dependent care benefits.

Dependent Worksheet

TAXPAYER AND SPOUSE SIGNATURES *(Required)*

Under penalties of perjury, the information provided about my dependent(s) is to my (our) knowledge true and accurate.

Taxpayer's Signature	Date	Spouse's Signature	Date
Taxpayer's Printed Name:		Spouse's Printed Name:	

DEPENDENT #1 *(Please Print)*

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship
Child lived with taxpayers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of months:	Dependent's Earned Income: \$	Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has this dependent filed a tax return for 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, must provide copy of first page of dependent return		Is there another parent who could claim this child as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?	
Did you provide more than 50% of the financial support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Divorced/Separated: Do you alternate claiming in even/odd years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Child Care Provider <i>(if child under age 13)</i>					
Provider's Name:		Provider's ID# or SS#:	Amount Paid for Childcare: \$		
Provider's Address, City, State:					

DEPENDENT #2 *(Please Print)*

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship
Child lived with taxpayers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of months:	Dependent's Earned Income: \$	Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has this dependent filed a tax return for 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, must provide copy of first page of dependent return		Is there another parent who could claim this child as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?	
Did you provide more than 50% of the financial support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Divorced/Separated: Do you alternate claiming in even/odd years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Child Care Provider <i>(if child under age 13)</i>					
Provider's Name:		Provider's ID# or SS#:	Amount Paid for Childcare: \$		
Provider's Address, City, State:					

DEPENDENT #3 *(Please Print)*

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship
Child lived with taxpayers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of months:	Dependent's Earned Income: \$	Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has this dependent filed a tax return for 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, must provide copy of first page of dependent return		Is there another parent who could claim this child as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?	
Did you provide more than 50% of the financial support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Divorced/Separated: Do you alternate claiming in even/odd years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Child Care Provider <i>(if child under age 13)</i>					
Provider's Name:		Provider's ID# or SS#:	Amount Paid for Childcare: \$		
Provider's Address, City, State:					

DEPENDENT #4 (Please Print)

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship
Child lived with taxpayers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of months:	Dependent's Earned Income: \$	Full Time Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this dependent filed a tax return for 2018?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there another parent who could claim this child as a dependent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, must provide copy of first page of dependent return			If yes, who?		
Did you provide more than 50% of the financial support of this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Divorced/Separated: Do you alternate claiming in even/odd years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care Provider (if child under age 13)					
Provider's Name:		Provider's ID# or SS#:		Amount Paid for Childcare: \$	
Provider's Address, City, State:					

DEPENDENT #5 (Please Print)

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship
Child lived with taxpayers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of months:	Dependent's Earned Income: \$	Full Time Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this dependent filed a tax return for 2018?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there another parent who could claim this child as a dependent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, must provide copy of first page of dependent return			If yes, who?		
Did you provide more than 50% of the financial support of this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Divorced/Separated: Do you alternate claiming in even/odd years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care Provider (if child under age 13)					
Provider's Name:		Provider's ID# or SS#:		Amount Paid for Childcare: \$	
Provider's Address, City, State:					

DEPENDENT #6 (Please Print)

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship
Child lived with taxpayers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of months:	Dependent's Earned Income: \$	Full Time Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this dependent filed a tax return for 2018?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there another parent who could claim this child as a dependent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, must provide copy of first page of dependent return			If yes, who?		
Did you provide more than 50% of the financial support of this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Divorced/Separated: Do you alternate claiming in even/odd years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care Provider (if child under age 13)					
Provider's Name:		Provider's ID# or SS#:		Amount Paid for Childcare: \$	
Provider's Address, City, State:					



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**"Navigating the tax laws
so you don't have to."**