Dependent Worksheet

To comply with the tax law, you must <u>sign and complete this form</u> in its entirety in order to claim a dependent.

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.

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 Must Sign Here Spouse Must Sign Here												
Taynaver's Date			Date	Spouse's			Date					
Taxpayer's Printed Name:				Printed Name								
DEPENDENT #1 (Please Print)												
First Name			Last Name		Social Security Numbe	r Date of Birth	Relationship					
Child lived with taxpayers? ☐ Yes ☐	No Nu	mber of m	ionths:	Dependent's I	Earned Income: \$	nt? □Yes □No						
Has this dependent filed a tax return?			□Yes □No	Is there anoth	er parent who could claim	nt? □Yes □No						
If yes, must provide copy of first page of de	pendent :	return		If yes, who?								
				·								
Did you provide more than 50% of the financia	l support o	of this child	d? ∐Yes ∐No	Divorced/Sep	arated: Do you alternate cla	aiming in even/odd yea	rs? Yes No					
Child Care Provider (if child under age 13)												
Provider's Name:			Provider's I	D# or SS#: Amount Paid for Childo			lcare: \$					
Provider's Address, City, State:												
DEPENDENT #2 (Please Print)	MI		Last Namo	Look Name		r Date of Birth	Delationship					
First Name	M.I.		Last Name		Social Security Numbe	r Date of Birtii	Relationship					
Child lived with taxpayers? ☐ Yes ☐	No Nu	Number of months:		Dependent's Earned Income: \$		Full Time Stude	nt? □Yes □No					
Has this dependent filed a tax return?			□Yes □No	Is there another parent who could claim this child as a dependent			nt? Yes No					
If yes, must provide copy of first page of de	pendent r	eturn		If yes, who?								
Did you provide more than 50% of the financia	l support c	of this chilc	d? □Yes □No	Divorced/Sep	arated: Do you alternate cla	aiming in even/odd yea	rs? Yes No					
Child Care Provider (if child under age 13)												
Provider's Name:			Provider's I	er's ID# or SS#: Amount Paid for Childe			Icare: \$					
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? ☐ Yes ☐ No	Num	nber of months:	Dependent's	Earned Income: \$	Full Time Student?	□Yes □No					
Has this dependent filed a tax return?		□Yes □No	Is there anoth	ner parent who could claim this	child as a dependent?	☐Yes ☐No					
If yes, must provide copy of first page of depen	dent re	eturn	If yes, who?								
Did you provide more than 50% of the financial sup	port of	this child?	Divorced/Separated: Do you alternate claiming in even/odd years?								
Child Care Provider (if child under age 13)											
Provider's Name:		Provider's	D# 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					
THISTINGING	IVI.I.	Lastivario	,	Social Security Number	Date of birtin	neiduorismp					
Child lived with taxpayers? ☐ Yes ☐ No	l lived with taxpayers? □Yes □No Number of months:				Dependent's Earned Income: \$ Full Time Student? \(\square\) Yes \(\square\) No						
Has this dependent filed a tax return?		□Yes □No	Is there anoth	Is there another parent who could claim this child as a dependent? \square Yes \square No							
If yes, must provide copy of first page of depen	dent re	eturn	If yes, who?	If yes, who?							
Did you provide more than 50% of the financial support of this child?											
Child Care Provider (if child under age 13)											
Provider's Name:		Provider's	ID# or SS#:	An	nount Paid for Childcar	re: \$					
Provider's Address, City, State:				1							
DEDENICATIVE WAY											
DEPENDENT #5 (Please Print) First Name	M I	Last Name		Social Security Number	Date of Rirth	Relationship					
DEPENDENT #5 (Please Print) First Name	M.I.	Last Name		Social Security Number	Date of Birth	Relationship					
	M.I.	Last Name		Social Security Number	Date of Birth	Relationship					
		Last Name		Social Security Number Earned Income: \$	Date of Birth Full Time Student?	Relationship Yes No					
First Name			Dependent's		Full Time Student?	·					
First Name Child lived with taxpayers?	Num	nber of months:	Dependent's	Earned Income: \$	Full Time Student?	☐Yes ☐No					
First Name Child lived with taxpayers?	Num	nber of months: Yes No	Dependent's Is there anoth If yes, who?	Earned Income: \$	Full Time Student?	☐Yes ☐No ☐Yes ☐No					
First Name Child lived with taxpayers?	Num	nber of months: Yes No	Dependent's Is there anoth If yes, who?	Earned Income: \$ ner parent who could claim this	Full Time Student?	☐ Yes ☐ No☐ Yes ☐ No					
First Name Child lived with taxpayers? Yes No Has this dependent filed a tax return? If yes, must provide copy of first page of depen Did you provide more than 50% of the financial sup	Num	Parties And Andrews An	Dependent's Is there anoth If yes, who?	Earned Income: \$ ner parent who could claim this parated: Do you alternate claim	Full Time Student?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					
First Name Child lived with taxpayers?	Num	Parties And Andrews An	Dependent's Is there anoth If yes, who? Divorced/Sep	Earned Income: \$ ner parent who could claim this parated: Do you alternate claim	Full Time Student? child as a dependent? ng in even/odd years?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					
First Name Child lived with taxpayers?	Num	Parties And Andrews An	Dependent's Is there anoth If yes, who? Divorced/Sep	Earned Income: \$ ner parent who could claim this parated: Do you alternate claim	Full Time Student? child as a dependent? ng in even/odd years?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					
First Name Child lived with taxpayers?	Num dent re	Provider's	Dependent's Is there anoth If yes, who? Divorced/Sep	Earned Income: \$ ner parent who could claim this parated: Do you alternate claimi	Full Time Student? child as a dependent? ng in even/odd years? nount Paid for Childcar	Yes No Yes No Yes No					
First Name Child lived with taxpayers?	Num	Parties And Andrews An	Dependent's Is there anoth If yes, who? Divorced/Sep	Earned Income: \$ ner parent who could claim this parated: Do you alternate claim	Full Time Student? child as a dependent? ng in even/odd years?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					
First Name Child lived with taxpayers?	Num dent re	Provider's	Dependent's Is there anoth If yes, who? Divorced/Sep	Earned Income: \$ ner parent who could claim this parated: Do you alternate claimi	Full Time Student? child as a dependent? ng in even/odd years? nount Paid for Childcar	Yes No Yes No Yes No					
First Name Child lived with taxpayers?	Num dent re pport of	Provider's	Dependent's Is there anoth If yes, who? Divorced/Sep	Earned Income: \$ ner parent who could claim this parated: Do you alternate claimi	Full Time Student? child as a dependent? ng in even/odd years? nount Paid for Childcar	Yes No Yes No Yes No					
First Name Child lived with taxpayers?	Num dent re pport of	Provider's Last Name	Dependent's Is there anoth If yes, who? Divorced/Sep ID# or SS#:	Earned Income: \$ ner parent who could claim this parated: Do you alternate claim An Social Security Number	Full Time Student? child as a dependent? ng in even/odd years? nount Paid for Childcar Date of Birth Full Time Student?	Yes No Yes No Yes No Yes No Yes No Yes No					
Child lived with taxpayers?	Num dent re pport of	Provider's Last Name	Dependent's Is there anoth If yes, who? Divorced/Sep ID# or SS#:	Earned Income: \$ ner parent who could claim this parated: Do you alternate claim An Social Security Number Earned Income: \$	Full Time Student? child as a dependent? ng in even/odd years? nount Paid for Childcar Date of Birth Full Time Student?	Yes No Yes No Yes No Yes No Yes No Yes No					
Child lived with taxpayers?	M.I. Num	Provider's Last Name Last Name Deturn Last Name Deturn Last Name	Dependent's Is there anoth If yes, who? Divorced/Sep ID# or SS#: Dependent's Is there anoth If yes, who?	Earned Income: \$ ner parent who could claim this parated: Do you alternate claim An Social Security Number Earned Income: \$	Full Time Student? child as a dependent? ng in even/odd years? nount Paid for Childcar Date of Birth Full Time Student? child as a dependent?	Yes No					
Child lived with taxpayers?	M.I. Num	Provider's Last Name Last Name Deturn Last Name Deturn Last Name	Dependent's Is there anoth If yes, who? Divorced/Sep ID# or SS#: Dependent's Is there anoth If yes, who?	Earned Income: \$ ner parent who could claim this parated: Do you alternate claim An Social Security Number Earned Income: \$ ner parent who could claim this	Full Time Student? child as a dependent? ng in even/odd years? nount Paid for Childcar Date of Birth Full Time Student? child as a dependent?	Yes No					
Child lived with taxpayers?	M.I. Num	Provider's Last Name	Dependent's Is there anoth If yes, who? Divorced/Sep ID# or SS#: Dependent's Is there anoth If yes, who?	Earned Income: \$ ner parent who could claim this parated: Do you alternate claim An Social Security Number Earned Income: \$ ner parent who could claim this parated: Do you alternate claim	Full Time Student? child as a dependent? ng in even/odd years? nount Paid for Childcar Date of Birth Full Time Student? child as a dependent?	Yes No Yes Yes					