

Dependent Worksheet

To comply with the tax law, you must sign and complete this form 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

Taxpayer's
Printed Name:

Date

Spouse's
Printed Name

Date

DEPENDENT #1 *(Please Print)*

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship

Child lived with taxpayers? Yes No Number of months: Dependent's Earned Income: \$ Full Time Student? Yes No

Has this dependent filed a tax return? Yes No Is there another parent who could claim this child as a dependent? Yes 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? Yes No Divorced/Separated: Do you alternate claiming in even/odd years? Yes 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 #2 *(Please Print)*

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship

Child lived with taxpayers? Yes No Number of months: Dependent's Earned Income: \$ Full Time Student? Yes No

Has this dependent filed a tax return? Yes No Is there another parent who could claim this child as a dependent? Yes 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? Yes No Divorced/Separated: Do you alternate claiming in even/odd years? Yes 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 #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? <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? <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 #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? <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 #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? <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:					