

# Earned Income Tax Credit Checklist

TAXPAYER'S NAME: \_\_\_\_\_

TAXPAYER'S SS#: \_\_\_\_\_

**Please Circle**

Are you married filing separate? Yes No

Can the taxpayer's spouse be a qualifying child for another person? Yes No

## **QUESTIONS FOR TAXPAYERS WITH CHILDREN**

What is the child's relationship to the taxpayer?

Son                      Daughter                      Grandchild

Stepchild                      Foster Child                      Brother

Sister                      Stepbrother                      Stepsister

Descendant of any of the above relatives? Yes No

Did the child live with the taxpayer in the US for over half the year? Yes No

Was the child under age 19? Yes No

Was the child under age 24 and a fulltime student? Yes No

Was the child permanently and totally disabled? Yes No

Could any other person claim this child? (i.e. a non-custodial parent) Yes No

## **Questions for Taxpayers Without Children**

Taxpayer's & spouse's main home in the US over half the year? Yes No

Taxpayer or spouse claimed as a dependent on anyone else's return? Yes No

DATE: \_\_\_\_\_

Taxpayer Signature: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_