

EIC/CTC/ACTC/ODC/AOTC/HOH Qualifier Form

**Tax Preparers are REQUIRED under IRS Code (Treas. Reg. section 1.6695-2(b)(3)) to inquire about any information regarding EIC/CTC/ACTC/HOH/ODC/AOTC*

First Name: _____ Middle Initial: _____ Last Name: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Single: ____ Head Of Household: ____ Married Filing Jointly: ____ Qualifying Widower: ____

Dependent Name	Date Of Birth	SSN	Relationship	Months in Your Home	Full Or Shared Custody

1. If Last Name(s) Is/Are Different from Taxpayer(s) Name Explain Why:

- ☐ Different Father/Mother
- ☐ Legal court
- ☐ Grandparent
- ☐ Other: _____

2. Has the Dependent(s) Lived with the Taxpayer for Over ½ Of the Year? Yes ____ No ____

3. Did you claim the same dependent(s) last year? Yes ____ No ____

4. Has anyone else claimed any dependent(s) within the last 3 years? Yes ____ No ____

5. If so, why?

6. Has the Taxpayer paid over ½ of the total expenses of the dependents for the year? Yes ____ No ____

7. For dependents that are shared custody, can the tax payer provide document to the IRS to prove the dependent lived with them for more than ½ of the year and paid for over ½ total expenses? Yes ____ No ____ N/A ____

8. Why is the parent not claiming the QC?

- ☐ Deceased
- ☐ Incarcerated
- ☐ Medical / Court Action
- ☐ Financially Incapable of Support
- ☐ N/A

Qualifying Documents must show:

- *The name of the child's parent or guardian.*
- *The child's home address. The address MUST match the taxpayers.*
- *Dates when the child lived with you.*

9. Which of the following document(s) can the taxpayer provide to verify residency if requested by the IRS at a later time?
(Please select all that apply)

- ☐ School
- ☐ Healthcare or medical provider
- ☐ Social service agency
- ☐ Placement agency official
- ☐ Employer
- ☐ Indian tribal official
- ☐ Landlord or property manager
- ☐ Church, synagogue, mosque or other place of worship

10. IRS suggests average yearly income to be around \$6000 per dependent. If its lower, does taxpayer have documents to prove they covered over ½ total expenses:
Yes ____ No ____ N/A ____

11. Was the taxpayer married at all during the tax year? Yes ____ No ____

12. Was the taxpayer married as of December 31st, 2022? Yes ____ No ____

13. If any dependents are not taxpayers' children, are the dependents parents' aware taxpayer is claiming them?
Yes ____ No ____ N/A ____

I _____ (Print Name) acknowledge that the taxpayer has asked me relevant information to certify that I am able to claim all listed dependent(s). Any documents I have, or claim to have, can be supplied to the Tax Preparer or the IRS at a later date if requested.

Taxpayer Signature: _____

Date: _____

Spouse Signature: _____

Date: _____