

2021 Tax Year Annual Child/Dependant Questionnaire

Tax Year _____ Client Name _____
 Date _____ Time _____ Drop Off / Interview _____

List ALL Members of your Household – Regardless of whether you claim them or not: Taxpayer & Spouse do NOT need to be listed.

PROOF OF RESIDENCY WILL BE REQUIRED FOR ALL DEPENDENTS

First Name, Last Name (if different)	Social Security Number	Months In Home	Support More Than 50%	Claimed by you	College Student	Birthdate	Relationship
			Yes / No	Yes / No	Yes / No		
			Yes / No	Yes / No	Yes / No		
			Yes / No	Yes / No	Yes / No		
			Yes / No	Yes / No	Yes / No		
			Yes / No	Yes / No	Yes / No		
			Yes / No	Yes / No	Yes / No		
			Yes / No	Yes / No	Yes / No		
			Yes / No	Yes / No	Yes / No		
			Yes / No	Yes / No	Yes / No		

If you are divorced or separated with child(ren), do you have a divorce or separation agreement? Yes / No
Form 8332 will be required for all non-custodial parents.

Dependent Information

Were there any changes in dependents from last year? Yes / No
 If yes, explain: _____

Do you have any children under age 19 (or a full-time student under age 24) with unearned income (Investment income) of more than \$1,100? Yes / No
 Please Explain _____

Do you have dependents who must file a tax return? Yes / No
 If yes, would you like us to prepare it? Yes / No
We are happy to file dependent tax returns for a reduced fee. Please ask.

Were any children born or adopted in 2021? Yes / No
 Did you make any contributions to a 529 plan in 2021? Yes / No
 Child: _____ Amount: _____
 Child: _____ Amount: _____

Did you pay anyone to care for your child/children in your home? Yes / No
Household Employee Status Yes / No

Are you providing more than 50% support for a parent (even if the parent is living in their own home)? Yes / No

Annual Child/Dependant Questionnaire - Continued

Dependent Care Credit

Did you pay for child or dependent care so you could work or go to school? Yes / No
Do you have receipts or cancelled checks for validation? Yes / No

Child Name: _____ Amount: _____
Child Name: _____ Amount: _____

Provider's Name & Address: _____

Provider's Social Security Number or Federal ID # _____

Do you have an Employer Childcare Reimbursement Plan? Yes / No

Earned Income Tax Credit:

Did you have Earned Income Credit on your 2020 Tax Return? Yes / No Amount _____
Did you have Earned Income Credit on your 2019 Tax Return? Yes / No Amount _____

Have you ever had any Earned Income Credits disallowed in previous years? Yes / No

Third Party Documentation Provided – List Documentation

College Credits – For anyone listed on the tax return – If more than one, please let us know.

Did you pay for college or post secondary education for yourself or a dependent? Yes / No
Do you have a Form 1098-T from the college? Yes / No
Did you have a 1098-T from a college in 2020? Yes / No
Were you at least a Part-Time Student? Yes / No
Can you provide the necessary Statement of Account for the year or for every quarter that is required
As per federal tax law? Yes / No

Form 1098-T's and Student Statement of Accounts can be retrieved from the student's college portal. Look in the financial section and/or the heading 'Tax Forms'. The account summary must be detailed with all charges and payments to the student's account.

Has the Hope Scholarship Credit or American Opportunity Credit been claimed in past years? Yes / No

How many years have been claimed? _____

Do you need to file a federal FAFSA form? Yes / No
We will help file FAFSA forms at a cost of \$45 per student.

Taxpayer Signature Spouse Signature Date