| Client Nar                              | no:  | 2024 187   | Teal Allilua   | ii Cillia/ Def | endent Qu         | Drop Of            |                  | <br>erview                |  |
|---|--|--|----------------|----------------|-------------------|--------------------|------------------|---------------------------|--|
| lient ivar                              |  | st ALL Members of yo                                 | ur Hausahal    | d Pogardio     | ss of what        | •                  |                  |                           |  |
|   | LI   | •  | payer & Spo    |                |                   |                    | in them of not.  | ·                         |  |
|   |  | PROOF OF RE  |                |                |                   |                    | ENTS             |                           |  |
|   |  |  |                | Support        |                   |                    |                  |                           |  |
| First Name, Last<br>Name (If different) |  | Social Security Number                               | Months in home | more than 50%  | Claimed<br>by you | College<br>Student | Birthdate        | Relationship              |  |
|   |  |  |                |                |                   |                    |                  |                           |  |
|   |  |  |                |                |                   |                    |                  |                           |  |
|   |  |  |                |                |                   |                    |                  |                           |  |
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|   |  |  |                |                |                   |                    |                  |                           |  |
|   |  |  |                |                |                   |                    |                  |                           |  |
|   | If you are d   | ivorced or separated v                               | •              | •              |                   | •                  |                  | t?                        |  |
|   |  | Form 8332  | will be REC    | UIRED for a    | II non-cust       | odial paren        | ts               |                           |  |
|   | <u> </u>   |  |                |                |                   |                    |                  |                           |  |
|   |  | Were there any changes in dependents from last year? |                |                |                   |                    |                  |                           |  |
|   | Explain:   |  |                |                |                   |                    |                  | - m- c /: m- c o+ m- c m+ |  |
|   | Do you have any children under age 19 (or a full-time student under age 24) with <u>unearned income (investmer income)</u> of more than \$1,250?               |  |                |                |                   |                    |                  |                           |  |
|   | Explain: (Submit investment statements)  |  |                |                |                   |                    |                  |                           |  |
|   | Do you have dependents who must file a tax return?   |  |                |                |                   |                    |                  |                           |  |
|   | If yes, would you like us to prepare it? We are happy to file dependent tax returns for a reduced fee.   |  |                |                |                   |                    |                  |                           |  |
|   |  | hildren born or adopto                               |                | ,              | •                 |                    |                  |                           |  |
|   | Did you pay  | y anyone to care for yo                              | ou child/child | dren in your   | home?             |                    |                  |                           |  |
|   | If yes, Hous   | sehold employee statu                                | s?             |                |                   |                    |                  |                           |  |
|   |  | y for child or depender                              | •              |                | k or go to s      | chool?             |                  |                           |  |
|   | Do you have receipts or cancelled checks for validation?   |  |                |                |                   |                    |                  |                           |  |
|   | Child Name   |  |                |                | Amount:           |                    |                  |                           |  |
|   | Child Name   | 2:   |                |                | Amount:           |                    |                  |                           |  |
| Provide N                               |  |  |                |                |                   |                    |                  |                           |  |
| Provide A                               |  | ity Number or Federal                                | ID#:           |                |                   |                    |                  |                           |  |
| rovider s                               |  | ity Number or Federal                                |                | ament Dlan     | 2                 |                    |                  |                           |  |
|   | Do you have an Employer Childcare Reimbursement Plan?  Are you providing more than 50% support for a parent (even if they parent is living in their own home)? |  |                |                |                   |                    |                  |                           |  |
|   | Are you pro  | Trialing more than 30%                               | Jupport IOI    | a parent (e    | ven n mey         | Parciil 13 11V     | ing in their OWI | mome <sub>j</sub> :       |  |
|   | Have you e   | ver had any Earned Inc                               | come Credit    | s disallowed   | in previous       | s vears?           |                  |                           |  |
|   | IIIave viii e  |  |                |                | p. cv.ou.         | - ,                |                  |                           |  |