

Earned Income Credit Verification

2016 Calendar Year

Directions: Please fill out this form for each child you intend to claim on your taxes.

Child #1

Name: _____ SS#: _____

Child is biological child of: Both Taxpayers Taxpayer Spouse Other _____

Is there another parent who could claim this child as a dependent? Yes No

If yes, who? _____

Child lived with taxpayers: Yes No Number of months: _____

If yes, do you have records that prove he/she lived with you (such as school, medical or church) _____

Did you provide more than 50% of the financial support of this child? Yes No

Child #2

Name: _____ SS#: _____

Child is biological child of: Both Taxpayers Taxpayer Spouse Other _____

Is there another parent who could claim this child as a dependent? Yes No

If yes, who? _____

Child lived with taxpayers: Yes No Number of months: _____

If yes, do you have records that prove he/she lived with you (such as school, medical or church) _____

Did you provide more than 50% of the financial support of this child? Yes No

Child #3

Name: _____ SS#: _____

Child is biological child of: Both Taxpayers Taxpayer Spouse Other _____

Is there another parent who could claim this child as a dependent? Yes No

If yes, who? _____

Child lived with taxpayers: Yes No Number of months: _____

If yes, do you have records that prove he/she lived with you (such as school, medical or church) _____

Did you provide more than 50% of the financial support of this child? Yes No

Under penalties of perjury, the above information is to my knowledge true and accurate.

Taxpayer

Spouse

Date

Date