Earned Income Due Diligence Questionnaire

| Choose your filing status: O Single | O Married filing joint | O Married filing separate | O Head of household |
|---|---------------------------------------|--|---------------------------------|
| Are you a <u>Blood Relative</u> of the child o | or children you're claiming | g? (Yes O or No O) | |
| Have you ever claimed this child or ch | nildren on a previous tax r | eturn? (Yes O or No O) | |
| Have you ever been <u>denied</u> Earned In | come Credit in the past? | (Yes O or No O) | |
| Did the child or children live in your h | ousehold for <u>more than 6</u> | $\frac{1}{1}$ mos. this past year? (Yes 0 | r No O) |
| Are you the <u>Custodial Parent</u> of the ch | nild or children you're clai | ming? (Yes O or No O) | |
| If you're <u>not</u> the Custodial Parent, exp | plain below why the natur | al parent is not claiming the c | hild or children. |
| Explain: | | | |
| | | | |
| Does the mother of the child or child | ren live with you? (Yes O | or No O), Employed? (Yes | O or No O) |
| Does the <u>father</u> of the child or childre | n live with you? (Yes $\sf O$ o | r No O), Employed? (Yes C | or No O) |
| Did you provide more than half the he | ousehold income for the e | entire year? (Yes O or No O) | |
| Can you provide documentation that | verifies your <u>relationship</u> | to/residency of the child or ch | nildren? (Yes O or No O) |
| If yes what type of documentation ca | n you provide: (select all | that apply) | |
| O Birth Certificate O School Recor | ds O Medical Records | O Social Service Records O | Custodial Records |
| O Other: | | | |
| Note: All documents must be on official letterhea | ad from one of the following: | | |
| School, Medical provider, Soc | cial service agency, or other accepta | able entity | |
| Documents must include: | | | |
| The name of the child or child | dren, name of custodial parent or g | uardian, child's address, and dates the ch | ild or children lived with you. |
| Is your dependent $\underline{\text{disabled}}$? (Yes O | or No O) | | |
| Did you or your dependent(s) receive | any kind of assistance du | ring the tax year? (Yes $oldsymbol{O}$ or $oldsymbol{N}$ | o O) |
| If yes, what type of assistance: | | | |
| O Family O Food O Disability O | Housing O Childcare | O Cash O Other: | |
| Can you provide <u>proof</u> of all assistance | e? (Yes O or No O) | 8 | |
| I understand by signing below preparer. | v I have read and gone ov | er each section of this docume | ent in the presence of my tax |
| Signature: | | Date: | |