

Dependency Questionnaire

1.	Could	you or your spouse, if married filing jointly, be a dependent of any other person?
	Yes □	No □
2.	Are yo	u claiming a dependent?
	Yes □	No □
	a.	What is the dependent's name:
		(exactly as it appears on the dependent's social security card)
	b.	What is the dependent's date of birth:
	c.	What is the dependent's age as of December 31, 2023?
	d.	What is your relationship with the dependent? Please check one (1):
		Son \square Daughter \square Stepchild \square Eligible Foster Child (court directed) \square Other Relationship \square
		or No Relationship \square
		Please note: Other relationships may include: brother, sister, step-relations, half-relations, aunt,
		uncle, niece, nephew, parent, grandparent, and/or grandchild
	e.	If the dependent is YOUR child, check one (1):
		Under 19 \square 19-24 and a full-time student; in school at least 5 months \square
		Any age and totally and permanently disabled; with written proof of disability \square
	f.	If the dependent is NOT your child, you must explain why the child's own parents are not
		claiming him/her:
		
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	g.	Did the dependent live with you, in your household for the entire year (full 12 months)?
		Yes No No

h.	Did the dependent live with you for more than six months / 183 nights in 2023?			
	Yes □ No □			
i.	If "YES" do you have written proof with "your" address as the "child's" address that proves the child lived with you, such as school records, medical records, childcare records, etc? Yes \square No \square			
i.	Can any other person claim the child lived with them more than 6 months or 183 nights?			
	Yes □ No □			
j.	Is the dependent a citizen or national of the United States?			
	Yes □ No □			
k.	Is the dependent married?			
	Yes □ No □			
	i. If "YES", is he/she filing a joint return with his/her spouse?			
	Yes □ No □			
	Did the dependent earn more than \$12,550 in 2023, not including Social Security or			
	investments?			
	Yes □ No □			
m.	Did the dependent receive any financial assistance? Check ALL:			
	Child support \square Food Stamps \square Medicare \square Medicaid \square WIC \square			
	Housing / Utility Assistance \Box Daycare Benefits \Box Help from Family \Box Other \Box			
	Social Security Benefits □			
	If dependent received Social Security benefits, how much? \$			
n.	Who paid for the dependent's support?			
	I paid more than the dependent. \Box The dependent paid more than I paid. \Box			
	You must be able to prove you paid more for the dependent's support than the total income received by the dependent. "Support" means living expenses such as food, clothing, housing,			

health, education, recreation, transportation, etc.

0.	If you file as Single or Head of Household, does anyone in your household earn more money
	than you do?
	Yes □ No □
	i. If "YES", what is the higher income person's relationship to the dependent?
p.	Are you wanting to use this dependent for Head of Household purposes only?
	Yes □ No □
I have disc	closed the above information to my income tax preparer to prepare my 2023 tax return and I
	Ibmit that this information is correct to the best of my knowledge and I can produce records if
requested	
Signature	:: Date:
Reviewed	by:
ne IRS require	s that you fill out this form for each dependent.