

TAXPAYER NAME: _____

SSN: _____

	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5					
NAME										
SSN Complete or Write "On File"										
DOB Complete or Write "On File"										
NUMBER OF MONTHS CHILD LIVED WITH YOU IN 2023 (1 - 12)										
LEVEL OF SUPPORT YOU PROVIDED FOR CHILD	MORE THAN 50%		MORE THAN 50%		MORE THAN 50%		MORE THAN 50%		MORE THAN 50%	
	LESS THAN 50%		LESS THAN 50%		LESS THAN 50%		LESS THAN 50%		LESS THAN 50%	
RELATIONSHIP OF CHILD (Son/Daughter/Etc.)										
IS THE CHILD ADOPTED OR FOSTERED?	Y / N	Y / N	Y / N	Y / N	Y / N					
DID ANY OTHER RELATIVES LIVE IN THE SAME HOME FOR MORE THAN HALF THE YEAR?	Y / N	Y / N	Y / N	Y / N	Y / N					

Proof of Residency of Qualifying Child(ren):
(Check all that apply)

- ☐ School records or statement
- ☐ Landlord or property management
- ☐ Healthcare provider statement
- ☐ Medical Records
- ☐ Childcare provider records
- ☐ Placement agency statement
- ☐ Social Services records or statement
- ☐ Place of worship statement
- ☐ Indian tribal official statement
- ☐ Employer statement

I have and/or will obtain the documentation from the provided list to prove that I am in fact the legal guardian of the child(ren) listed on my tax return.

Signature: _____

Date: _____