

EIC Questionnaire

If Grandparent of child(ren)	
Is this your son or daughter's child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where are the child's parents?	
Did you make more money than any parent of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you provide clothing, food, shelter to the dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What proof do you have that the dependent lives with you?	
<input type="checkbox"/> School Records <input type="checkbox"/> Social Service Records <input type="checkbox"/> Landlord Statement <input type="checkbox"/> Place of Worship <input type="checkbox"/> Health Care Provider Statement <input type="checkbox"/> Placement Agency Statement	<input type="checkbox"/> Medical Records <input type="checkbox"/> Employer Statement <input type="checkbox"/> Child Care Provider Records <input type="checkbox"/> Indian Tribal Official Stmt <input type="checkbox"/> Other
Are you claiming any additional dependents with the same relation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please list their name here:	

If Aunt/Uncle of Niece/Nephew	
Is this your brother or sister's child(ren)? (Must be related by blood to qualify.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where are the child's parents?	
Did you make more money than any parent of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you provide clothing, food, shelter to the dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What proof do you have that the dependent lives with you?	
<input type="checkbox"/> School Records <input type="checkbox"/> Social Service Records <input type="checkbox"/> Landlord Statement <input type="checkbox"/> Place of Worship <input type="checkbox"/> Health Care Provider Statement <input type="checkbox"/> Placement Agency Statement	<input type="checkbox"/> Medical Records <input type="checkbox"/> Employer Statement <input type="checkbox"/> Child Care Provider Records <input type="checkbox"/> Indian Tribal Official Stmt <input type="checkbox"/> Other
Are you claiming any additional dependents with the same relation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please list their name here:	

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If Brother/Sister of child(ren)	
Do you have the same mother, father or both? (Step and Half Relationships are valid.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where are the child's parents?	
Did you make more money than any parent of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you provide clothing, food, shelter to the dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What proof do you have that the dependent lives with you?	
<input type="checkbox"/> School Records <input type="checkbox"/> Social Service Records <input type="checkbox"/> Landlord Statement <input type="checkbox"/> Place of Worship <input type="checkbox"/> Health Care Provider Statement <input type="checkbox"/> Placement Agency Statement	<input type="checkbox"/> Medical Records <input type="checkbox"/> Employer Statement <input type="checkbox"/> Child Care Provider Records <input type="checkbox"/> Indian Tribal Official Stmt <input type="checkbox"/> Other
Are you claiming any additional dependents with the same relation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please list their name here:	

Exceptions to the Age Test - Disabled & Student Age 19 - 24	
If Dependent is Disabled	
What is the disability?	
When did the disability start?	
Are they able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are they able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they draw Social Security disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, can you get a doctor's statement?	
Did you provide clothing, food, shelter to the dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> School Records <input type="checkbox"/> Social Service Records <input type="checkbox"/> Landlord Statement <input type="checkbox"/> Place of Worship <input type="checkbox"/> Health Care Provider Statement <input type="checkbox"/> Placement Agency Statement	<input type="checkbox"/> Medical Records <input type="checkbox"/> Employer Statement <input type="checkbox"/> Child Care Provider Records <input type="checkbox"/> Indian Tribal Official Stmt <input type="checkbox"/> Other
Are you claiming any additional dependents with the same relation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please list their name here:	

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If Dependent is a Student, Age 19 - 24	
Child Name	
Are they in High School or College? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the name of the school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If college, do they have a 1098-T? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, were they full-time student 5 months of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you provide clothing, food, shelter to the dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> School Records <input type="checkbox"/> Social Service Records <input type="checkbox"/> Landlord Statement <input type="checkbox"/> Place of Worship <input type="checkbox"/> Health Care Provider Statement <input type="checkbox"/> Placement Agency Statement	<input type="checkbox"/> Medical Records <input type="checkbox"/> Employer Statement <input type="checkbox"/> Child Care Provider Records <input type="checkbox"/> Indian Tribal Official Stmt <input type="checkbox"/> Other
Are you claiming any additional dependents with the same relation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please list their name here:	

Under the penalties of perjury, I certify that the information presented in this certification and any evidence submitted with it, is true, accurate and complete. The undersigned further understands that providing false information for purposes of defrauding the U.S. Department of the Treasury may result in demand for repayment and the imposition of penalties and other actions as allowed by law.

Check Box: I understand and agree with the above statement. **Yes** **No**

Type Name **Date**

Signature