

Dependency Questionnaire

1. Could you or your spouse, if married filing jointly, be a dependent of any other person?

Yes ☐ No ☐

2. Are you 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, 2025? _____

d. What is your relationship with the dependent? Please check one (1):

Son ☐ Daughter ☐ Stepchild ☐ Eligible Foster Child (court directed) ☐ Other Relationship ☐
or No Relationship ☐

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 ☐ 19-24 and a full-time student; in school at least 5 months ☐

Any age and totally and permanently disabled; with written proof of disability ☐

f. If the dependent is NOT your child, you must explain why the child's own parents are not claiming him/her:

g. Did the dependent live with you, in your household for the entire year (full 12 months)?

Yes ☐ No ☐

h. Did the dependent live with you for more than six months / 183 nights in 2025?

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

☐ No ☐

i. Can any other person claim the child lived with them more than 6 months or 183 nights? Yes

☐ No ☐

ii. Is the dependent a citizen or national of the United States?

Yes ☐ No ☐

iii. Is the dependent married?

Yes ☐ No ☐

i. If "YES", is he/she filing a joint return with his/her spouse?

Yes ☐ No ☐

iv. Did the dependent earn more than \$15,750 in 2025, not including Social Security or investments?

Yes ☐ No ☐

m. Did the dependent receive any financial assistance? Check ALL:

Child support ☐ Food Stamps ☐ Medicare ☐ Medicaid ☐ WIC ☐

Housing / Utility Assistance ☐ Daycare Benefits ☐ Help from Family ☐ Other ☐

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. ☐ The dependent paid more than I paid. ☐

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.

- o. 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 disclosed the above information to my income tax preparer to prepare my 2025 tax return and I further submit that this information is correct to the best of my knowledge and I can produce records if requested.

Signature: _____ Date: _____

Reviewed by: _____

ⁱ The IRS requires that you fill out this form for each dependent.