

\_\_\_\_ Earned Income Tax Credit and  
Child Tax Credit Questionnaire

IRS is requiring additional questions for qualification for Earned Income Tax Credit (EITC). IRS has determined that they lost over 12 billion dollars in EITC fraud last year and additional questions are required:

General Question:

How many people live with you? Adults \_\_\_\_\_ Children \_\_\_\_\_

How many work? \_\_\_\_\_. List what their relationship is to you: \_\_\_\_\_

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Does anyone in the household make more money than you? Yes No

Are expenses shared (groceries, rent, utilities, insurance, etc.)? Yes No

In your Income less than \$15,000? Yes No

If yes, how are you paying for rent, utilities, food, etc.? \_\_\_\_\_

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Are you getting assistance from: County State Other?

How much \$ \_\_\_\_\_

Does anyone give you funds to live on? Yes No

Who? \_\_\_\_\_ How much \$ \_\_\_\_\_

Can you provide documentation to substantiate eligibility for the amount of credit claimed on your tax return? Yes No

Have you any credit disallowed or reduced in any previous year(s)? Yes No

Are you reporting any Self-Employment income? Yes No

Single parent questions:

Where is the child's mother/father? \_\_\_\_\_

Why is other parent not claiming the child? \_\_\_\_\_

Who watches the child while you are at work? \_\_\_\_\_

Daycare Expenses: \_\_\_\_\_

Is the other parents' earning more than yours? Yes No

Your Marital Status on December 31, \_\_\_\_: Married Single

To qualify for EITC, you must complete this questionnaire for your three youngest children that you are claiming as exemptions on your return

\_\_\_\_\_  
Earned Income Tax Credit and  
Child Tax Credit Questionnaire (page 2)

**Child #1** Name \_\_\_\_\_ Date of birth: \_\_\_\_\_

This child's relationship to you: \_\_\_\_\_

Number of months that child lived with you during \_\_\_\_\_ :

Do you have evidence to prove this child lived in your home, such as school records, medical bills, etc.? Yes No

Did you receive any financial assistance for the child? Check all that apply:

Child Support Social Security Benefits Food Stamps Welfare Housing Assistance

WIC Medicaid Other: \_\_\_\_\_

Can anyone else claim this child on their tax return? Yes No

If this child is a student: Check one. Preschool Elementary High School College

**Child #2** Name \_\_\_\_\_ Date of birth: \_\_\_\_\_

This child's relationship to you: \_\_\_\_\_

Number of months that child lived with you during \_\_\_\_\_ : Do

you have evidence to prove this child lived in your home, such as school records, medical bills, etc.? Yes No

Did you receive any financial assistance for the child? Check all that apply:

Child Support Social Security Benefits Food Stamps Welfare Housing Assistance

WIC Medicaid Other: \_\_\_\_\_

Can anyone else claim this child on their tax return? Yes No

If this child is a student: Check one. Preschool Elementary High School College

**Child #3** Name \_\_\_\_\_ Date of birth: \_\_\_\_\_

This child's relationship to you: \_\_\_\_\_

Number of months that child lived with you during \_\_\_\_\_ :

Do you have evidence to prove this child lived in your home, such as school records, medical bills, etc.? Yes No

Did you receive any financial assistance for the child? Check all that apply:

Child Support Social Security Benefits Food Stamps Welfare Housing Assistance

WIC Medicaid Other: \_\_\_\_\_

Can anyone else claim this child on their tax return? Yes No

If this child is a student: Check one. Preschool Elementary High School College

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Child Tax Credit Questionnaire (Page 3)

Is there an Active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent in Place?    Yes (Attach copy)    No

Have you released your claim to any credit(s) to another person?    Yes    No

I \_\_\_\_\_ solemnly swear that the information provided is true and I take full responsibility for any false information provided in preparation of my \_\_\_\_\_ tax return. No employee or staff of Sands Business Management provided me with any illegal information to assist in preparing this return. I provided all information required to accurately complete my tax return to Sands Business Management. It is not my intent to provide any fraudulent information to the IRS. I understand that the failure to provide accurate information in this Earned Income Questionnaire may result in the imposition of accuracy-related or fraud penalties, interest charges, and a ban for two or ten years from claiming the earned income tax credit. \_\_\_\_\_

\_\_\_\_\_  
Signature.

\_\_\_\_\_  
Name.

\_\_\_\_\_  
Date