

Taxpayer:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Custodial <input type="checkbox"/> Non-Custodial	SSN: XXX - XX - XXXX
Parent:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Custodial <input type="checkbox"/> Non-Custodial	AGI:
Parent:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Custodial <input type="checkbox"/> Non-Custodial	AGI:
Roomates:			Ref:
Dependant:	DOB: MM - DD - YYYY	SSN: XXX - XX - XXXX	
Dependant:	DOB: MM - DD - YYYY	SSN: XXX - XX - XXXX	
Dependant:	DOB: MM - DD - YYYY	SSN: XXX - XX - XXXX	
Dependant:	DOB: MM - DD - YYYY	SSN: XXX - XX - XXXX	

	Qualifying Child (QC)(Pub501)	Qualifying Relative (QR)	
Relationship	<input type="checkbox"/> Blood (Son / Daughter)	<input type="checkbox"/> Blood (Mother / Father)	<input type="checkbox"/> Paid (50%+) up keeping of home <input type="checkbox"/> QC/QR lived with you (Custodial) <input type="checkbox"/> QR didn't lived with you <input type="checkbox"/> MFS - Non-Resident Alien Spouse <input type="checkbox"/> MFS - Estranged (last 6 months) <input type="checkbox"/> MFS - Separated (Temporarily)
	<input type="checkbox"/> Blood (Siblings)	<input type="checkbox"/> Blood (Grandparents)	
	<input type="checkbox"/> Blood (Niece / Nephew)	<input type="checkbox"/> Blood (Aunt / Uncle)	
	<input type="checkbox"/> Blood (Other Decendant)	<input type="checkbox"/> Blood (Direct Ancestor)	
Age (31/12)	<input type="checkbox"/> Legal Adoption	<input type="checkbox"/> Parent (Adoption)	<input type="checkbox"/> Had a SSN by due date <input type="checkbox"/> QC under 17 (Dec31) on return <input type="checkbox"/> U.S. Citizen/National (CA Resident) <input type="checkbox"/> US Resident <input type="checkbox"/> ACTC - Filing form 2555
	<input type="checkbox"/> Marriage (Step/Half/In-law)	<input type="checkbox"/> Marriage (Step/Half/In-law)	
	<input type="checkbox"/> Foster child	<input type="checkbox"/> Foster Parent	
	<input type="checkbox"/> Younger than taxpayer		
Residency	<input type="checkbox"/> Under 19		<input type="checkbox"/> Has SSN/ITIN by due date <input type="checkbox"/> QC/QR claim on return <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> US Resident
	<input type="checkbox"/> Full-time Student (under 24)		
	<input type="checkbox"/> Permanently & Totally Disabled		
	<input type="checkbox"/> 184-365 Nights (> half-time)	<input type="checkbox"/> Not violating local laws	
Other	<input type="checkbox"/> 1-182 Nights (< half-time)	<input type="checkbox"/> Not residing with you	
	<input type="checkbox"/> Form 8332 completed?	<input type="checkbox"/> Lived together (365 days)	
	<input type="checkbox"/> Higher AGI (tie-breaker rules)	<input type="checkbox"/> QC of someone else	
	<input type="checkbox"/> Dependant filing MFJ (No Liability)	<input type="checkbox"/> You provides 50%+ support	
Documentation?	<input type="checkbox"/> Dependant provides 50%+ support	<input type="checkbox"/> Gross Income < \$4300	
	<input type="checkbox"/> Any credits reduced or disallowed previously (by IRS?)		
	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Separation Agreement (F2120)	
	<input type="checkbox"/> Healthcare Card	<input type="checkbox"/> Custody order	
Childcare* (2441)	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Divorce Decree	
	<input type="checkbox"/> Childcare Receipts	<input type="checkbox"/> Canada Child Benefit	
	<input type="checkbox"/> School Records	<input type="checkbox"/> GST Credit Records	
	<input type="checkbox"/> Living with the you (Custodial)	AOC/AOTC (Pub970)	
EITC *Custodial Only* (Pub596)	<input type="checkbox"/> Work-related childcare	<input type="checkbox"/> No felony drug conviction	
	<input type="checkbox"/> Under 13 at the time of childcare	<input type="checkbox"/> Had a SSN	
	<input type="checkbox"/> Disabled and incapable of self-care	<input type="checkbox"/> Had a ITIN	
	<input type="checkbox"/> Filing MFS (Any tax Liability)	<input type="checkbox"/> Has 1098-T	
	<input type="checkbox"/> Had a SSN by due date	<input type="checkbox"/> Enrolled for full Time	
	<input type="checkbox"/> U.S. Citizen/Resident	<input type="checkbox"/> Enrolled for half time	
	<input type="checkbox"/> Live in U.S. 183+ days (Custodial)	<input type="checkbox"/> 0-3 years of post-secondary	
	<input type="checkbox"/> Age - 25<65	<input type="checkbox"/> Non-resident alien spouse	
	<input type="checkbox"/> Has a QC, not used by another	<input type="checkbox"/> Previous AOC/Hope credit	
	<input type="checkbox"/> Dependant of another	<input type="checkbox"/> Tax-free Reimbursement	
	<input type="checkbox"/> Filing MFS	<input type="checkbox"/> Filing as MFS	
	<input type="checkbox"/> Filing form 2555	<input type="checkbox"/> Dependant of another	

8867 Notes