

IRS Required Dependency Questionnaire

We're sorry, but IRS requires that YOU complete this for each dependent

1. Could **YOU**, the taxpayer filing this return (or your spouse if married filing jointly), be a dependent of any other person? Yes No

2. Dependent's name as it appears on their social security card _____

3. Dependent's Date of Birth: _____ Age _____ (as of December 31, 2025)

4. Relationship: **check one** Son Daughter Stepchild Eligible Foster Child (court directed)

or Other Relation _____

examples: brother, sister, stepbrother, stepsister, half-brother, half-sister, aunt, uncle, niece, nephew, parent, grandparent, grandchild

or No Relation, did this person **live with you** in **your household** the **entire year (full 12 months)**? Yes No

5. If dependent "child" is **YOUR "son or daughter"**, **check one** under 19 19 to 24 & full-time student (in school at least 5 months)
 any age and totally and permanently disabled (you must have **written proof**)

5a. If the dependent "child" is **NOT YOUR** son or daughter, **you must explain why the child's own parents are not claiming this dependent:** _____

6. If the dependent is **YOUR "child"**, did they live with you **more than 6 months (at least 183 nights)** in 2025? Yes No
(if born or died during the year, check Yes)

6a. If the dependent is **NOT YOUR "child"**, did they live with you the entire year (a full 365 nights) in 2025? Yes No

7. Do you have, if IRS requested, **Written Proof with "your" address as the "dependent's" address as "proof"**?
(Such as school records, medical records, childcare records, etc.) Yes No

8. Can any other person claim the dependent lived with them more than 6 months or 183 nights? Yes No

9. Is the dependent a citizen or national of the United States? Yes No

10. Is the dependent married? Yes No

10a. If "Yes", is he/she filing a joint return with his/her spouse? Yes No

11. Did the dependent have gross earnings of more than \$5,200 in 2025? (Earnings are worked for and do not include Social Security or investments) Yes No

12. Check all financial assistance received **by or for** the dependent

- Child support Food Stamps Medicare Medicaid/ Hoosier Healthwise WIC Welfare
- Housing/Utility assistance Day Care Benefits Help from Family Other _____
- Social Security Benefits \$ _____ / month (if dependent receives social security, how much?)

13. Who paid more for the dependents' support? I paid more than dependent paid Dependent paid more than I paid
You must be able to prove you paid more for the dependents support than the total income received by the dependent ("support" means living expenses, such as food, clothing, housing, health, education, recreation, transportation, etc.)

14. If you file as **Single or Head of Household** - does anyone in your household earn more money than you do? Yes No N/A
If yes, what is the higher income person's relationship to the dependent? _____

15. Are you using this dependent solely for the purpose of filing Head of Household Yes No N/A

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 prove and produce records if requested.**

Signature: _____ Date: _____ Reviewed by _____