



Taxpayer & Spouse: \_\_\_\_\_

**CHILD CARE CREDIT, DEPENDENT CARE CREDIT, & HEAD OF HOUSEHOLD INFORMATION- MODULE 2**

Please provide the information requested below. Please circle or write in the applicable response where requested in this document. If the question does not pertain to you, please mark N/A. Unless indicated, all questions pertain to the \_\_\_\_\_ tax year.

Please use separate sheets if more space is needed.

Determination of Dependent Status

- Please provide us with the following information associated with individuals you believe to be your dependents:

Full name	SSN	Relationship with you	Birth date (Mo/Da/Yr)	# of months during the year the dependent lived in your home.*	% support furnished by you during the year
A.					
B.					
C.					
D.					

Dependent code from above	What was the dependent's adjusted gross income for the year, if any?	Was the dependent permanently and totally disabled?***	Identity protection pin	Date of Death (Mo./Da./Yr.)
A.				
B.				
C.				
D.				

2. Was the dependent a full-time student at the end of the year? yes/no/na
3. Did you furnish more than half of the cost of maintaining your household during the year? yes/no/na
4. Are any of the individuals listed above in response to Questions 1 or 2 married? yes/no/na
5. Are any of the individuals listed above claimed as a dependent on someone else's tax return? yes/no/na
5. If you are not the dependent's parent, why isn't the dependent's parents claiming the dependent as their own?

Child and Dependent Care Expenses

7. With respect to any of the individuals listed above in response to Questions 1 or 2, during the tax year, did you pay any of the following expenses for purposes of allowing you to be gainfully employed during the year?
  - i. Expenses for household services; or yes/no/na
  - ii. Expenses for the care of the dependent / childcare.. yes/no/na

**CERTIFICATION**

The undersigned certifies, under the penalties of perjury, that the information provided in response to the foregoing questions is complete and accurate to the best of his or her knowledge. The undersigned further certifies that he or she has provided the information requested herein. The undersigned also certifies that he or she has verified the information provided in this document and states that it comports with the supporting documentation provided, if any.

\_\_\_\_\_  
Taxpayer's Signature

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Taxpayer's Printed Name

\_\_\_\_\_  
Spouse's Printed Name

Dated:

Dated: