

HEAD OF HOUSEHOLD Status Only
Earned Income Credit Checklist

1 Marital status:

- Never married
- Spouse deceased
- Divorced or separated
- Married but lived apart from spouse during the last 6 months of the year
- Separation agreement

2 If you are divorced or legally separated, can you provide the IRS with any of the following documents?

- Divorce decree
- Separate maintenance agreement or separation agreement

3 If you are married but did not reside with your spouse for the last 6 months of the tax year, can you provide the IRS with any of the supporting documents verifying that your spouse did not live with you?

- Not applicable
- Lease agreement
- Utility bills
- Letter for a clergy member
- Letter from social services
- Other supporting documentation:

4 Can you provide the IRS with receipts and bills substantiating the cost of maintaining more than half of the cost of the home? Documentation that the IRS requires to substantiate the cost of maintaining the home includes:

- Utility bills
- Property tax bills
- Grocery receipts
- Rent receipts or mortgage interest statement
- Maintenance and repair bills
- Other household bills

5 Did you receive any non-taxable support/income?

- Family support
- Food stamps
- Housing assistance
- Childcare assistance
- Other:

Signature

Date

Earned Income Credit Checklist

All Taxpayers (circle YES or NO below for each question)	YOUR NAME		SPOUSE	
Is your filing status married filing separately?	YES	NO	YES	NO
Do you have a social security number?	YES	NO	YES	NO
Does your spouse (if filing jointly) have a social security number?	YES	NO	YES	NO
Do you (or your spouse) have income from a foreign source?	YES	NO	YES	NO
Did you (or your spouse) live in another country for any part of 2016?	YES	NO	YES	NO
Do you have investment income more than \$3400?	YES	NO	YES	NO
Are you a qualifying child of another person for 2016?	YES	NO	YES	NO
Was your main home in the US for more than half the year?	YES	NO	YES	NO
Are you (or your spouse) at least age 25 but under 65 at the end of 2016?	YES	NO	YES	NO
Are you eligible to be claimed as a dependent <u>on anyone else's</u> federal income tax return for the year?	YES	NO	YES	NO
HAVE YOU BEEN PREVIOUSLY DENIED EARNED INCOME TAX CREDIT?	YES	NO	YES	NO

Taxpayers With a Child (circle YES or NO, fill in the blanks)	Child 1		Child 2		Child 3	
Child's name	_____		_____		_____	
Is the child your son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them?	YES	NO	YES	NO	YES	NO
Was the child unmarried at the end of 2016?	YES	NO	YES	NO	YES	NO
Did the child live with you for over half of 2016?	YES	NO	YES	NO	YES	NO
Is the child under age 19 and younger than you (or your spouse)?	YES	NO	YES	NO	YES	NO
Is the child under age 24, a full-time student, and younger than the taxpayer (or your spouse)?	YES	NO	YES	NO	YES	NO
Is the child permanently and totally disabled?	YES	NO	YES	NO	YES	NO
Could another person claim this child?	YES	NO	YES	NO	YES	NO
*If so, what is the child's relationship to that person.	_____		_____		_____	
Do you have an Active Form 8332 (Release/Revocation of Claim to Exemption for Child by Custodial Parent) in place?	YES	NO	YES	NO	YES	NO
If the child is NOT your son or daughter, why are the parents NOT claiming the child? _____						

Which document(s) could you provide to prove residency of Qualifying Child(ren):

(check items below)

	Child 1	Child 2	Child 3
School records			
Landlord statement			
Health care provider statement			
Medical records			
Child care provider records			
Social service records			
Placement agency records (foster child)			
Place of worship statement			
Employer statement			
Other (specify)			

Under the tiebreaker rules, your Earned Income Credit and other tax benefits may be disallowed

Signature

Date

Health Care Coverage Questionnaire

Name: _____

List Name of each Member of your Household	Did you have health care coverage the ENTIRE YEAR?	Did you have health care coverage for Part of the year? Circle month(s) you had coverage	Were you without health care coverage for the ENTIRE YEAR?	Do you use tobacco?
	YES NO	J F M A M J J A S O N D	YES NO	YES NO
	YES NO	J F M A M J J A S O N D	YES NO	YES NO
	YES NO	J F M A M J J A S O N D	YES NO	YES NO
	YES NO	J F M A M J J A S O N D	YES NO	YES NO
	YES NO	J F M A M J J A S O N D	YES NO	YES NO
	YES NO	J F M A M J J A S O N D	YES NO	YES NO
	YES NO	J F M A M J J A S O N D	YES NO	YES NO
	YES NO	J F M A M J J A S O N D	YES NO	YES NO
Did anyone besides taxpayer or spouse pay for health care coverage for anyone listed above?				YES NO
Did you pay for health care coverage for anyone not listed above?				YES NO
If you had coverage for ANY part of the year: Where was the policy obtained? (circle all that apply below)				
Employer Medicare Medicaid Marketplace (Exchange) Other				
If you DID NOT have coverage part or all of the year: (Answer YES if it applies to any member of the household)				
Do you have an Exemption from the Marketplace (also called the Exchange)?				YES NO
Was coverage offered by taxpayer's or spouse's employer?				YES NO
Are you a member of a federally-recognized Indian tribe or eligible for services through an Indian health care provider?				YES NO
Are you a member of a recognized health care sharing ministry?				YES NO
Did you live in the United States the entire year?				YES NO
Did you apply for Medicaid and are ineligible for Medicaid because your state did not expand eligibility for Medicaid?				YES NO
Do you have a Marketplace Exemption Certificate?				YES NO
Marketplace Exemption Certificate Number (ECN) Required				

Signature _____

Date _____

Check appropriate box for each question in each section

YES	NO	UNSURE	INCOME -- Last Year, Did You (or Your Spouse) Receive:
			Wages or Salary? Form W-2 If yes, how many jobs did you have last year? _____
			Tip Income?
			Scholarships? Forms W-2, 1098-T
			Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? Forms 1099-INT, 1099-DIV
			Refund of state/local income taxes?
			Alimony income or separate maintenance payments?
			Self-Employment income? Form 1099-MISC, cash
			Cash/check payments for any work performed not reported on Forms W-2 or 1099?
			Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? Forms 1099-S, 1099-B
			Disability income (such as payments from insurance, or workers compensation)? Forms 1099-R, W-2
			Payments from Pensions, Annuities, and/or IRA? Form 1099-R
			Unemployment Compensation? Form 1099G
			Social Security or Railroad Retirement Benefits? Forms SSA-1099, RRB-1099
			Income (or loss) from Rental Property?
			Other income (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.? Specify: _____)
YES	NO	UNSURE	EXPENSES -- Last Year, Did You (or Your Spouse) Pay:
			Alimony income or separate maintenance payments? If yes, do you have the recipient's SSN YES NO
			Contributions to a retirement account? IRA \$_____, 401K \$_____, Roth IRA _____, OTHER \$_____
			College or post secondary educational expenses for yourself, spouse or dependents? Form 1098-T
			Unreimbursed employee business expenses (such as uniforms or mileage)?
			Medical expenses (including health insurance premiums)?
			Home mortgage interest? Form 1098
			Real estate taxes for your home or personal property taxes for your vehicle? Form 1098
			Charitable contributions?
			Child or dependent care expenses such as daycare?
			Supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc?
			Expenses related to self-employment income or any other income you received?
			Student loan interest? Form 1098-E
YES	NO	UNSURE	LIFE EVENTS -- Last Year, Did You (or Your Spouse):
			Have a Health Savings Account? Forms 5498-SA, 1099-SA, W-2 with code W in box 12
			Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? Forms 1099-C, 1099-A
			Buy, sell or have a foreclosure of your home? Form 1099-A
			Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____
			Purchase and install energy-efficient home items (such as windows, furnace, insulation, etc)?
			Live in an area that was affected by a natural disaster? If yes, where? _____
			Receive the First Time Homebuyers Credit in 2008?
			Make estimated tax payments or apply last year's refund to this year's tax? If so, how much? \$_____

