



2023  
New Client



763.999.4779

3033 Campus Drive, Suite W110, Plymouth, MN 55441  
2705 Bunker Lake Blvd NW, Suite 111, Andover, MN 55304  
www.epamn.com • taxdept@epamn.com • FAX 612.234.4870

**Don't let April 15th sneak up on you!**  
Just follow these 3 simple steps and let us do the rest

**1. Gather your tax documents (W-2s, 1099s, etc.)**

New Clients: see list of 'items needed' sheet. Please bring copies of: Drivers license, last year's return, social security cards for yourself and dependents.

**2. Fill out all of the forms in this packet & return.** This includes:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Taxpayer Information sheet | <input type="checkbox"/> Questionnaire sheet | <input type="checkbox"/> Checklist (Returning Clients) |
| <input type="checkbox"/> Banking information        | <input type="checkbox"/> Engagement letter   | <input type="checkbox"/> Special Situation Sheet       |

If you have dependents:

- ☐ 886 worksheet & proof for tax credits (see tax credit sheet)

\*\*\*Additional forms to help you organize your information are available on our website\*\*\*  
[www.epamn.com](http://www.epamn.com)

**3. Once you're ready you can deliver everything to us using any of the following methods:**

- Secure online client portal - contact our office to setup an account
- Mail via USPS, UPS, FedEx, etc.
- Drop off in person

**We charge a refundable \$100 New Client Setup fee.**  
**You will receive a discount of \$50 on your tax preparation invoice for year 2 and year 3.**

Please contact us at **763.999.4779** or  
**taxdept@epamn.com** for the following:

- Secure Client Portal setup
- Forms & worksheets
- Questions



We are looking forward to working with you this tax season,

*Jeanne, Corrie, Todd (Tax Preparers)*

*Melissa, Kim, Hendrik, Anna & Matt (Tax Assistants)*

Executive Public Accountants Inc.

# IMPORTANT TAX INFORMATION FOR 2023 TAX FILING

**This FORM must be RETURNED and ALL information submitted  
BEFORE we can START on your tax return.**

**NAME:** \_\_\_\_\_

## 1. Cryptocurrency Transactions

Did you have any cryptocurrency transactions in 2023? \_\_\_\_\_ If yes;

- Please provide a copy of the 1099-B you received from your broker.
- If you did **not** receive a 1099-B from your Broker;
  - You are required to run your transactions through a conversion platform (your broker should be able to supply you with reputable platforms).  
Please provide us with the summary report showing your Capital Gains or Losses.

If you cannot provide us with a 1099-B or a summary of your transactions from the conversion platform, we WILL NOT be able to prepare your tax return.

## 2. 1099-K

Did you receive a 1099-K? \_\_\_\_\_

You may receive a 1099-K from Venmo, PayPal, Zelle or other similar platforms. Please include copies of these with your taxes.

Note: Review the form for accuracy and be prepared to provide us with supporting information. Your tax preparer may have follow-up questions.

## 3. Minnesota One-time Refund

Did you receive the Minnesota one-time direct tax rebate refund? \_\_\_\_\_ (yes/no)

How much did you receive? \_\_\_\_\_

This refund is taxable for federal purposes. Please include the 1099-MISC that the state of Minnesota sent you.

## 4. Add us!

Make sure to get all our emails by adding [epamn@parse.atomanger.com](mailto:epamn@parse.atomanger.com) to your list of safe emails.

## 5. Instructions for Uploading Tax Documents

Due to software restrictions, we are unable to accept images (jpeg, png, etc.) of documents. Please upload either PDF, word or excel documents. You can use a mobile scanner application such as Adobe Scan to scan your documents in PDF format before uploading to your portal.

## 6. Important Date

If you do not have **ALL** your documents in by **March 25<sup>th</sup>** we cannot guarantee your returns will be completed by April 15<sup>th</sup>.

This year along with getting your broker statements, it is recommended that this information be imported directly from your financial institution into our tax software. Stay tuned!



## ANNUAL QUESTIONNAIRE **MUST BE completed**

If \* **YES\*** to any questions, please provide us with any related tax forms & more details.

OfficeUse

### PERSONAL Information

- Y N Did your **marital status** change during the year?  
Y N Did your **address** change from last year?  
Y N Can you be **claimed as a dependent** by another taxpayer?

### DEPENDENT Information

- Y N Were there any **changes in dependents** from the prior year?  
Y N Do you provide financial support for an **elderly parent or other relative**?  
Y N Do you have any children under age 18 with **INVESTMENT** income?  
\* Y N Did you have **K-12 school** expenses? - Fill out form K-12 [www.epamn.com/resources](http://www.epamn.com/resources) \_\_\_\_\_  
Y N Did you pay for **daycare expenses** while you worked or looked for work? - Provide statement from daycare \_\_\_\_\_

### MEDICAL information

- \* Y N Did you purchase health care from **Marketplace/ MNSURE?** (Not Medical Asst, Not MN Care)- **Include 1095A** \_\_\_\_\_  
\* Y N Did you have an **HSA?** \_\_\_\_\_ Did you use all your disbursements for medical expenses? \_\_\_\_\_ - **Must Include 1099SA** \_\_\_\_\_  
Did you contribute through work ? \_\_\_\_\_ or outside of work? \_\_\_\_\_

### PURCHASES & SALES Information

- Y N Did you start, buy, or sell a **Business or Rental** this year? \_\_\_\_\_  
\* Y N Did you sell, or purchase any **real estate** during the year? - **Include 1099S & closing statement** \_\_\_\_\_  
\* Y N Did you take out a **home equity** loan or **refinance** this year? - **Include closing statement** \_\_\_\_\_

### EDUCATION

- \* Y N Did you or your dependents have **education / tuition expenses?** - Include 1098T & AOTC wks \_\_\_\_\_  
\* Y N Did you pay any **student loan interest** this year? - Include 1098E \_\_\_\_\_  
\* Y N **College Saving Plans:** Did you make any withdrawals? \_\_\_\_\_ (include 1099Q) \_\_\_\_\_  
\* Y N **College Saving Plans:** Did you make any contributions? Provide name, amount & account number of plan \_\_\_\_\_

### INCOME Information

- \* Y N Did you make **withdrawals from a Retirement account?** - Please provide 1099R \_\_\_\_\_  
\* Y N Did you make **contributions** to **SEP/IRA** outside of payroll? Regular or Roth? \_\_\_\_\_ -need documentation \_\_\_\_\_

### ITEMIZED Deduction Information

- Y N Did you receive a **Property Tax Refund?** If yes, how much? \$ \_\_\_\_\_  
Y N Would you like us to prepare your **MN Property Tax Refund or Renter's Credit?**  
\* Y N Did you make any **charitable** contributions (monetary or non-cash)? - Fill out form > [www.epamn.com/resources](http://www.epamn.com/resources) \_\_\_\_\_  
\* Y N Did you pay **LONG-TERM HEALTH** care premiums ? - Include name & policy number on medical worksheet \_\_\_\_\_

### MISCELLANEOUS Information

- \* Y N Did you receive **correspondence** from the **State or the IRS?** - Include copy of letter \_\_\_\_\_  
Y N Did you have financial interest in or **signature authority over foreign** country account?  
Y N Would you like to Contribute to **Minnesota Nongame Wildlife Fund?** Amount to contribute \$ \_\_\_\_\_

### FINAL TAX RETURN

•A copy of your tax return is available in your Sharefile client portal. Paper copies only available by request.

•How would you like your original tax documents returned?

No fee - Pickup ☐ Plymouth ☐ Andover ☐ or ☐ \$15 -USPS Tracking

•Original documents are available for pickup once the tax return has been completed. (No worries, if you are not able to pickup your documents by Oct 15, we will mail them and invoice you for the mailing)

Name: \_\_\_\_\_

Tax Year \_\_\_\_\_

Dear Client,

Thank you for selecting Executive Public Accountants Inc. to assist you with your tax affairs. This letter confirms the terms of our engagement with you and the nature and extent of services we will provide.

We will prepare your **2023** federal and all state income tax returns you request using information you provide to us. We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit. We've enclosed an "Organizer" to help you gather the information required for a complete return. If you use the Organizer, it will help you avoid overlooking important information and contribute to efficient preparation of your returns. That helps keep the cost of our services as low as possible.

It is your responsibility to provide information required for preparation of complete and accurate returns. You should keep all documents, canceled checks and other data that support your reported income and deductions. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are responsible for the returns, so you should review them carefully before you sign them.

Our work will not include any procedures to discover defalcations or other irregularities. The only accounting or analysis work we will do is that which is necessary for preparation of your income tax returns.

We must use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. To avoid penalties, we will apply the "more likely than not" reliance standard to resolve such issues. You agree to honor our decisions regarding the need to make protective disclosures in your returns.

Penalties of as much as \$100,000 can be imposed on you for failing to disclose participation in "reportable transactions," that is, certain arrangement the IRS has identified as potentially abusive. We will insist that all such transactions be properly disclosed.

The law also imposes penalties when taxpayers understate their tax liability. If you have concerns about such penalties, please call us.

Your returns may be selected for audit by a taxing authority. Any proposed adjustments are subject to appeal. In the event of a tax examination, we can arrange to be available to represent you. Such representation will be a separate engagement for which an engagement letter will be provided to you. Fees and expenses for defending the returns will be invoiced in accordance with terms we agree on for that engagement.

Our fee for preparation of your tax returns will be based on the number and types of forms required for your tax return. Any unusual tax issues which require additional work will be billed at standard billing rates. All invoices are due and payable upon presentation.

We will retain copies of your tax returns as well as copies of any records which include federal withholding information, such as W-2 forms, for a period of seven years. After seven years, our work papers and engagement files will be destroyed. All your original records will be returned to you at the end of this engagement. You should keep the original records in secure storage.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us.

We appreciate your confidence in us. Please let us know if you have any questions.

Sincerely,

Jeanne Dufresne  
Executive Public Accountants Inc.

**\*If, Married Filing Joint, both parties need to sign**

ACCEPTED BY:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name



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Fax 612.234.4870

TAX YEAR \_\_\_\_\_

## TAXPAYER INFORMATION SHEET

**\*\*Please provide copy of Drivers License/Identification ANNUALLY**

### NEW Clients Tax Info Sheet

These forms **MUST** BE FILLED OUT ANNUALLY before return is started **(Office Use)**

\_\_\_\_ Imp Info Sheet      \_\_\_\_ TP Info Form  
\_\_\_\_ Questionnaire      \_\_\_\_ Banking Info Sheet  
\_\_\_\_ Engagement Letter      \_\_\_\_ Forms Checklist  
\_\_\_\_ Identification  
Dependents      \_\_\_\_ 886 Worksheets  
Y    N      \_\_\_\_ Proof for Tax credits

Taxpayer: \_\_\_\_\_

Spouse: \_\_\_\_\_

Social Sec: \_\_\_\_\_

Social Sec: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Email: \_\_\_\_\_

☐ Cell

Email: \_\_\_\_\_

☐ Cell

Phone: \_\_\_\_\_

☐ Home

Phone: \_\_\_\_\_

☐ Home

Who should we  
contact for  
questions: \_\_\_\_\_

May we send you text messages (notifications/reminders ?

Cell # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Referred By: \_\_\_\_\_

### DEPENDENT INFORMATION

(See Tax Credit Handout for qualifying dependents )			Number months lived w/ you	"NEW CLIENTS ONLY" Social Security	"NEW CLIENTS ONLY" Relationship
Full Name of Dependent	DOB	Grade			

Please note any questions or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**New Client Set up Charge - \$100 refundable fee, \$50 is credited to your bill in year 2, and \$50 is credited to your bill in year 3**

***If banking information is NOT provided here, you will be responsible for making payment for any amount(s) owed. If you have a refund(s), you will receive a paper check.***

### **If you have a TAX REFUND**

Do you want to elect Direct Deposit for your refund?

☐ Yes ☐ No

**- OR -**

If you are making estimated tax payments, do you want your refund applied to next year's estimated tax?

☐ Yes ☐ No

### **If you have a TAX BALANCE OWED**

Do you want to elect Automatic Withdrawal? \*\*

☐ Yes ☐ No

Date for automatic withdraw \_\_\_\_\_ or \_\_\_\_\_ Date return filed.

**\*\* If yes, you can file now and have the payment withdrawn on any date before April 15<sup>th</sup>**

### **FILL OUT OR ATTACH A VOIDED CHECK**

Name of Bank \_\_\_\_\_ ☐ Checking ☐ Savings

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

(Routing number must be from checks not deposit slips)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **2023 ESTIMATED TAX PAYMENTS MADE**

FEDERAL ESTIMATED TAX PAID		
	Date Paid	Amount Paid
QTR 1		
QTR 2		
QTR 3		
QTR 4		

STATE ESTIMATED TAX PAID		
	Date Paid	Amount Paid
QTR 1		
QTR 2		
QTR 3		
QTR 4		

Would you like **Auto Withdrawal** for **2024 Estimated Tax Payments**?

☐ Yes ☐ No

CHARITABLE CONTRIBUTION WORKSHEET

IF NOT ITEMIZING - DO NOT COMPLETE

Do you have receipts for your contributions? \_\_\_\_\_ IRS requires receipts to claim deduction

**\*\* DO NOT send us your receipts. Keep receipts for your records.**

MONETARY CONTRIBUTIONS

LEGAL NAME OF CHARITY	AMOUNT DONATED	LEGAL NAME OF CHARITY	AMOUNT DONATED

NON - CASH CONTRIBUTIONS

NAME OF CHARITY: \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE DONATED \_\_\_\_\_

DATE ACQUIRED \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

HOW WAS IT ACQUIRED \_\_\_\_\_

DONORS COST \_\_\_\_\_

DESCRIPTION of items donated \_\_\_\_\_

FAIR MARKET VALUE \_\_\_\_\_

HOW DID YOU VALUE THIS? \_\_\_\_\_

NAME OF CHARITY: \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE DONATED \_\_\_\_\_

DATE ACQUIRED \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

HOW WAS IT ACQUIRED \_\_\_\_\_

DONORS COST \_\_\_\_\_

DESCRIPTION of items donated \_\_\_\_\_

FAIR MARKET VALUE \_\_\_\_\_

HOW DID YOU VALUE THIS? \_\_\_\_\_

NAME OF CHARITY: \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE DONATED \_\_\_\_\_

DATE ACQUIRED \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

HOW WAS IT ACQUIRED \_\_\_\_\_

DONORS COST \_\_\_\_\_

DESCRIPTION of items donated \_\_\_\_\_

FAIR MARKET VALUE \_\_\_\_\_

HOW DID YOU VALUE THIS? \_\_\_\_\_

NAME OF CHARITY: \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE DONATED \_\_\_\_\_

DATE ACQUIRED \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

HOW WAS IT ACQUIRED \_\_\_\_\_

DONORS COST \_\_\_\_\_

DESCRIPTION of items donated \_\_\_\_\_

FAIR MARKET VALUE \_\_\_\_\_

HOW DID YOU VALUE THIS? \_\_\_\_\_

**Form A - Medical Expenses**

Tax Year: \_\_\_\_\_

**Complete only if you are itemizing & your medical expenses exceed 7.5% of your income**

**Deductible Medical care** expenses include payments for the diagnosis, cure, mitigation, treatment, or prevention of disease, or payments for treatments affecting any structure or function of the body. Nursing home expenses (including meals and lodging), medical portion of Assisted living

**Not deductible:** Funeral or burial expenses, nonprescription medicines, toothpaste, toiletries, cosmetics, a trip or program for the general improvement of your health, or most cosmetic surgery.

**MEDICAL EXPENSES**

Insurance Premiums - Health & Dental \$ \_\_\_\_\_ (not included on SSA-1099 from)

SSA Medicare (form 1099-SSA) Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Total all other medical expenses \$ \_\_\_\_\_ (see above for what is deductible)

Lodging for medical care \$ \_\_\_\_\_

Miles driven for medical # \_\_\_\_\_

Do you have receipts? \_\_\_\_\_ We **DO NOT** need your receipts, keep them for your records

**Long-Term Care LTC Insurance Information – Complete only if applicable**

**Taxpayer LTC Ins**

Company Name \_\_\_\_\_ Policy# \_\_\_\_\_ \$ \_\_\_\_\_

**Spouse LTC Ins**

Company Name \_\_\_\_\_ Policy# \_\_\_\_\_ \$ \_\_\_\_\_



## 2023 TAX CREDITS

As tax preparers we are required to provide additional information to the IRS if you are claiming any of the following credits.

If you feel you may qualify for any of these, please be ready to answer additional questions and **provide documents to claim & prove you qualify.**

### CTC Child Tax Credit (up to \$2,000)

You can take full advantage of the credit if your modified adjusted gross income is under \$200,000 (Sgl) \$400,000 (MFJ)

Requirement: The child must be under age 17. You must have provided at least half of the child's support and the child must have lived with you for at least half the year (exceptions to this rule ie; temporary absences). Child must be a U.S. citizen, national or resident alien, must have a SSN and must be claimed as a dependent

**\*To claim, please provide:** Document with child's name & your address; (school records, medical records, court records)

### ODC Other Dependent Tax Credit (\$500)

You can take full advantage of the credit if your modified adjusted gross income is under \$200,000 (Sgl) \$400,000 (MFJ)

Requirement: Children aged 17 or over, including college students, children with ITINs, or other relatives in your household. They must have lived with you the entire year and cannot have gross income of more than \$4,700. (exception for qualifying parents) You must have provided at least half of their support.

**To claim, please provide:** Document with dependents name & your address; (exception: parent)

### HOH Head of Household status. To claim HOH status:

- You must be unmarried or considered unmarried on the last day of the tax year.
- You must file a separate return from your spouse.
- You must have provided more than half the cost of maintaining your home for the tax year.
- The home must have been the principal place of abode for you and your dependent child, or eligible foster for more than half the tax year. This will include a child who would be your dependent except that the exemption was released to the noncustodial parent.
- Your spouse must not have lived in the home at any time during the last six months of the tax year. This does not include temporary living away (job assignment, military deployment, temporary incarceration).

**To claim HOH, please provide documentation to prove:**

\_\_\_ **Marital Status:** Divorce decree, or separation agreement.

\_\_\_ **Qualifying person:** Document with child's name and your address, such as school records, medical records, court records.

\_\_\_ **Cost of keeping up a home:** Rent/mortgage, utility bills, property tax bills, upkeep & repair bills or grocery receipts.

### EIC Earned Income Tax Credit (up to \$7,430)

You may qualify for the credit if your income is between \$17,640 – \$56,838 (Sgl); \$24,210 – \$63,398 (MFJ) and you have a qualifying child and have investment income less than \$11,000.

- The child must have lived with you for more than ½ the year,
- Be related to you
- Be under age 19, or under age 24 if a student, or any age if disabled.

**To claim, please provide documentation to prove:**

\_\_\_ **Lived with you** - Document with dependents name and your address; (school records, medical records, court records)

\_\_\_ **Related to you** - Birth certificate, or other legal document providing how you are related.

\_\_\_ **Age** - Birth certificate

## **AOTC American Opportunity Tax Credit (up to \$2500)**

The American opportunity tax credit (AOTC) is a credit for qualified education expenses paid for an eligible student for the **first four years** of higher education.

You can get a maximum annual credit of \$2,500 per eligible student. The amount of the credit is 100 percent of the first \$2,000 of qualified education expenses you paid for each eligible student and 25 percent of the next \$2,000 of qualified education expenses you paid for that student. But, if the credit pays your tax down to zero, you can have 40 percent of the remaining amount of the credit (up to \$1,000) refunded to you.

Students will receive a [Form 1098-T](#) Tuition Statement, from their school by January 31.

### **Please provide a 1098T and answer the questions below in order to claim the credit**

#### **COLLEGE STUDENT INFORMATION**

Name of student \_\_\_\_\_

1. \_\_\_\_\_ Did the student complete the first 4 years of college as of 1/1/2023?
2. \_\_\_\_\_ Was the student enrolled at an eligible education institution during 2023?
3. \_\_\_\_\_ Was the student enrolled in a program that leads to a degree, certificate or credential?
4. \_\_\_\_\_ Was the student taking courses as part of a postsecondary degree program or improve job skills?
5. \_\_\_\_\_ Did the student take at least ½ the normal full-time workload for one academic period?
6. \_\_\_\_\_ Has the student ever been convicted of a felony?
7. \_\_\_\_\_ Is the student an eligible dependent of the taxpayer?
8. \_\_\_\_\_ How many prior years has an American Opportunity Credit been claimed for this student?
9. \_\_\_\_\_ How many prior years has a Hope Credit been claimed for this student?

There may be additional rules & regulations that may affect your ability to qualify. Your tax preparer can discuss these with you.

## Executive Public Accountants Inc.

### New Client Checklist - Forms you may need to prepare your tax return

If any of the following pertain to you please provide documentation to us.

- ☐ (New Clients Only) Previous years tax returns
- ☐ (New Clients Only) Proof of date of Birth & Social Security Number for self & dependents
- ☐ Copy of Drivers License or current ID for taxpayer & spouse
- ☐ W-2 Statements (W2)
- ☐ Unemployment Income (1099G or 1099U)
- ☐ Interest and Dividend Income (1099 INT / DIV)
- ☐ Original Purchase Date & Price of Stock sold (if not on brokerage statement)
- ☐ All other 1099 Forms
- ☐ Year- End Investment & Brokerage Statements
- ☐ Social Security Income Statements
- ☐ IRA Contribution & withdraw amounts
- ☐ Business Income & Expenses (fill out worksheet) [www.epamn.com/resources](http://www.epamn.com/resources)
- ☐ Medical Expenses - *if you qualify*
- ☐ Long Term Care Insurance Premium Amount and policy #
- ☐ Property Tax and Real Estate statement
- ☐ Vehicle License Tab renewal cost (make list of renewals cost per vehicle)
- ☐ Mortgage Interest Statements (Form 1098)
- ☐ Charitable Contributions - monetary (Must be 501c3) - Fill out worksheet
- ☐ Charitable Contributions Non-cash (Must be 501c3) - Fill out worksheet
- ☐ Rental Property Income and Expenses (fill out worksheet)
- ☐ Student Tuition& interest forms (paid by loan or other. ie. 1098T, 1098E)
- ☐ Daycare Expense per child. (Provider name, address & Fed ID#)
- ☐ Canceled Debt (1099C)
- ☐ Estimated tax payment (make a list of amount and date) - Fill out worksheet
- ☐ K-12 School Expenses (fill out K-12 school expense worksheet)
- ☐ Property Tax Refund amount (previous year)\$\_\_\_\_\_

▪ **Additional worksheets/forms are available on our website at [www.epamn.com](http://www.epamn.com) "Resources"**

Please print out any forms that pertain to your tax situation. If you do not have internet access, please call to request a paper copy be mailed to you.

▪ **All Tax Returns must be paid in full before we are able to e-file.**

*Payments can be mailed or paid with credit card online on our website. Go to <http://epamn.com>.*

YOUR NAME \_\_\_\_\_

TAX YEAR 2023

886- DEPENDENT

CHILD'S FIRST NAME

CHILD'S LAST NAME

Please answer the questions below and sign the bottom of the form	CHILD #1	CHILD #2	CHILD #3
Was the child unmarried at any time during the tax year?	YES NO	YES NO	YES NO
Was child a U.S. citizen for some part of the tax year?	YES NO	YES NO	YES NO
Did you provide for more than half of the child's support?	YES NO	YES NO	YES NO
Did child live with you for more than half of the tax year (including any temporary absences)?	YES NO	YES NO	YES NO
Does child have a valid social security number?	YES NO	YES NO	YES NO
What is child relationship to you?			
What is child date of birth?			
Are you the only person that can claim the child as a dependent?	YES NO	YES NO	YES NO
How much did the dependent have in income?			

Are you the parent of the child ? See additional questions if you are not the parent	YES	NO	YES	NO	YES	NO

**Additional questions if you are not the parent.**

What dates did the child live with you?			
If not the biological parent, where are the parents?			
Do the parents provide for any support for child?	* YES NO	* YES NO	* YES NO
Are the parents qualified to claim the child?	* YES NO	* YES NO	* YES NO

Other information that may be helpful to determine whether you can claim the child.

\* may need more information

Documentation needed	
_____ Birth Certificate or Social Security Card _____ Proof of residency - <b>We will need this annually</b> _____ 8332 Release of Claim to Exemption (Non Custodial parents only)	<p><b>PROOF OF RESIDENCY</b></p> <p>This would be something with ALL of the following:            Child's name <b>and</b>            Your address <b>and</b>            Dated sometime in <b>2023</b></p> <p>Some examples of this may be, but not limited to,            the following:            Bank or investment statement, Medical Bills, EOB –            Explanation of Benefits, School records, Daycare            billing</p>
SIGNATURE _____	
DATE _____	

886- DEPENDENT

&gt; 886 H DEP SUPPLEMENT

INTERACTIVE TOOL <https://www.irs.gov/help/ita/whom-may-i-claim-as-a-dependent>