

YOUR NAME _____ TAX YEAR 2025

"OTHER" DEPENDENT _____

**886 - OD
OTHER DEPENDENT**

Documentation needed
____ Birth Certificate or Social Security Card
____ Dependent Support worksheet (call office for a copy)
____ Proof of residency

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

Please answer the questions below and sign the bottom of the form	
What is the "other" dependents relationship to you?	
Was the "other" dependent under age 18 or a full time student?	YES NO
Did the "other" dependent have a gross income of less than \$5,050 in 2025? -This does not include non-taxable income such as welfare benefits or nontaxable Social Security), or was the person permanently or totally disabled ?	YES NO
Did the you provide over half of the "other" dependent support for 2025?	YES NO
Was the "other" dependent a citizen, national or resident alien of the U.S.?	YES NO
Does the "other" dependent have a valid social security number or ITIN?	YES NO
Did the "other" dependent live with you for more than half of 2025 (including any temporary absences)?	YES NO
Are you the ONLY person able to claim the "other" dependent?	YES NO
Is this True: The "other" dependent did not file a joint return?	YES NO

Additional questions
What dates did the "other" dependent live with you?
Other information that may be helpful to determine whether you can claim the "other" dependent.

> 886 H DEP SUPPLEMENT

SIGNATURE & DATE _____