(Please Print Clearly)	TAX YEAR 2021	
Name	DOB	SSN
Spouse	DOB	SSN
Address	APT # CITY	ST ZIP
Phone Number	E - Mail	
FILING STATUS -		
CHECK ONLY ONE. IF YOU'I	RE UNSURE, CHECK HERE AND V	VE'LL CONTACT YOU
☐ Single	☐ Head of Ho	
	Joint Married / Se	narately
	rould you be able to provide proof that yo	•
	for a qualifying person if requested by t	
OTHER REQUIRED INFORM	MATION	
	your tax return covered through the	Marketplace or
	e) in 2021?	•
<u> </u>	did you have a foreign account or receive	
	ault on a student loan, child support,	
-	x Commission?	
	nount of unemployment benefits durir	
CHILD TAX CARE AND ECO	• •	,
We strongly recommend that you us	e the amounts provided on the IRS letters 6	419 (Child Tax Credit) and 6475
	us) or under your account with the IRS, if ap	
_	could result in refund delays	· · · · · · · · · · · · · · · · · · ·
	int you received for the 3rd stimulus i	
	nt you received for Advance Child Tax	
*Please keep in mind that any stin	mulus payments that were taken by child sup	oport is still considered received by you.
EDUCATION CREDIT- Coll	eae Students only	
Student's Name		
	 dependents enrolled in college full tir	ne and received a
	:hool?	
	hip Credit or American Opportunity T	
•	udent for a total of 4 times during an	•
	n credit (AOTC) has been taken?	
3. Was the student enrolle	ed at least half-time for at least one a	cademic period that
began in 2021 at an elig	gible education institution in a progra	m leading toward a
college degree, certifica	ate, or other recognized postseconda	ary educational
credential?	······	YES 🗆 NO 🗆
4. Did the student complete	te the first 4 years of college education	on before 2021? YES □ NO □
Was the student convic	ted before the end of 2021 of a felon	y for possession or
distribution of a controll	ed substance?	YES 🗆 NO 🗆
	NOT WRITE BELOW THIS LINE.	
	LLC (Alt - L) \$	
	98-T from the institution for 2021	YES 🗆 NO 🗆
Did the student receive Form 109	98-T from the institution for 2020 cked?	VEC E NO E
	cked / 2'S UP CHARGE ITEMS _	
	99'S ADDT'L FORMS	

1.	NDENTS - IF CLAIMING DE		SSN			
	DOB The dependent's relationship to you Amount of daycare paid by you Number of months in 2021 this child lived with you					
	Is this your biological child? Could another person qualify to claim this child?					
	If yes, their name and relationship to the child					
	Please check the following boxes for documents you would be able to provide to show that the dependent lives in					
	the home with you if the IRS were to ask?					
	☐School Records		☐ Daycare Records	□Letter*		
		□Landlord Statement	•			
	,		. ,			
2.	First	Last	SSN			
	DOB The depe	endent's relationship to you _				
	Amount of daycare paid by you Number of months in 2021 this child lived with you					
	Is this your biological child?	Is this your biological child? Could another person qualify to claim this child?				
	If yes, their name and relationship to the child					
	Please check the following bo	xes for documents you would be	pe able to provide to show that the	e dependent lives in		
	the home with you if the IRS v					
			☐ Daycare Records	□Letter*		
	☐Social Services (DHS)	□Landlord Statement	☐ Employer Statement			
3.			SSN			
		endent's relationship to you _				
			nonths in 2021 this child lived v			
			erson <u>qualify</u> to claim this chil d			
	Please check the following boxes for documents you would be able to provide to show that the dependent lives in					
	the home with you if the IRS v		D Davis Davis da	□1 -#*		
		☐ Medical Records	•	□Letter*		
	□Social Services (DHS)	□Landlord Statement	☐ Employer Statement			
4.	Firet	l act	SSN			
т.	DOB The dens	endent's relationship to you	0011			
	First Last SSN DOB The dependent's relationship to you Amount of daycare paid by you Number of months in 2021 this child lived with you					
			erson gualify to claim this child			
			to claim and chine			
	•		pe able to provide to show that the			
	the home with you if the IRS v		·	·		
	•	☐Medical Records	☐ Daycare Records	□Letter*		
		□Landlord Statement	-			
	,		. ,			
*The le	etter must be on official letterhea	ad from one of the following: scl	hool, medical provider, social serv	ice agency, place o		
worshi	p, or other acceptable entity (no	t from the parent of the child).				
	TIONSHIP					
	PLETE ONLY IF THE RELAT	TONSHIP IS NOT YOUR BI	OLOGICAL CHILD.			
1.	FOSTER CHILDREN:					
	•	ne authorized placement age	• • • •	2 = 112 =		
•	documentation that the child is your foster child?YES □ NO □					
2.	BROTHER, SISTER, NIECE, NEPHEW, GRANDCHILD, GREAT-GRANDCHILD:					
	Can you provide birth certificates that verifies your blood relationship to					
0	the child?YES □ NO □					
3.	STEPCHILDREN OR DESCENDENT OF THEM, STEP-GRANDCHILDREN: Can you provide birth certificates & a marriage certificate verifying your					
	•	•				
4	•		YES	S LI NU LI		
4.	Why aren't the biological parents of the child(ren) not claiming their own child(ren)?					