

Qualifying Child SSN	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Qualifying Child First Name			
Qualifying Child Last Name			

**Age - Qualifying Child (complete this section only if qualifying child is over age 18)**

For children over age 18 who are students or permanently and totally disabled, the following additional information and documentation should be available:

<b>1</b> Children who are students	<input type="checkbox"/>	Not a student	<input type="checkbox"/>	Not a student	<input type="checkbox"/>	Not a student
<b>a</b> What school does the child attend?						
<b>b</b> Can you provide documentation showing that the child was a full-time student for at least 5 months? The school records need to show the dates of attendance. Months don't have to be consecutive	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>2</b> Children with a permanent and total disability	<input type="checkbox"/>	Not disabled	<input type="checkbox"/>	Not disabled	<input type="checkbox"/>	Not disabled
<b>a</b> What type of disability does the child have?						
<b>b</b> Does the child receive SSI or other disability payments?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>c</b> Do you have a letter from the child's doctor, other healthcare provider, or any social service program or agency verifying that the child is permanently and totally disabled?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**Relationship - Qualifying Child (complete only if relationship is other than son or daughter)**

For relationships with children other than son or daughter, the following additional information and documentation should be available:

<b>1</b> If the biological parent is NOT living with the child, where is the parent?	Mother			
	Father			
<b>2</b> Adopted children:				
<b>a</b> Is the adoption final or pending?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If the adoption is pending, do you have a letter from an authorized adoption agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Foster children:				
<b>a</b> Do you have a letter from the authorized placement agency or applicable court document?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Brother, sister, niece, nephew, grandchildren, great-grandchildren:				
<b>a</b> Can you provide a birth certificate that verifies your relationship to the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Stepchildren or descendant of them, step-grandchildren, step-great-grandchildren:				
<b>a</b> Can you provide a birth certificate & marriage certificate verifying your relationship to the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1-6

**Residency - Qualifying Child**

Can you provide any of the following documentation to prove that your child lived with you for more than half of the year? More than one type of documentation may be required by the IRS.

\*The letter must be on official letterhead from one of the following: school, medical provider, social service agency, place of worship, or other acceptable entity. The letter must include the name of the child, name of the child's parent or guardian, child's address, and dates during the year child lived with taxpayer.

<input type="checkbox"/>	School records	<input type="checkbox"/>	School records	<input type="checkbox"/>	School records
<input type="checkbox"/>	Medical records	<input type="checkbox"/>	Medical records	<input type="checkbox"/>	Medical records
<input type="checkbox"/>	Letter*	<input type="checkbox"/>	Letter*	<input type="checkbox"/>	Letter*
<input type="checkbox"/>	Social service records	<input type="checkbox"/>	Social service records	<input type="checkbox"/>	Social service records
<input type="checkbox"/>	Daycare records	<input type="checkbox"/>	Daycare records	<input type="checkbox"/>	Daycare records
	Daycare provider		Daycare provider		Daycare provider

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**Adjusted Gross Income - Qualifying Child**

If you are not a parent of the qualifying child, is your AGI higher than any parent of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I / We \_\_\_\_\_, do affirm that the above information is true to

(Print First and Last Names -Taxpayer and Spouse if Married Filing Jointly)

my knowledge. Under penalties of perjury, I declare that all children named on Page 1 of Form 1040 are my dependents, and that I provided my preparer with complete and accurate data as to all my earnings, my marital status, and the names, dates of birth, and Social Security numbers of my children. I declare that I have reviewed the information on this EIC worksheet and Form 8867 and I affirm that it is true and correct. I understand that a false statement will subject me to the penalties by the Internal Revenue Service. This also releases any liabilities on Landingham Enterprises LLC and I/ we take full responsibilities.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Filing Status - Head of Household**

The IRS could require additional information/documentation if you are divorced, legally separated, or married and did not reside with your spouse the last 6 months of the year to determine if you qualify for the Head of Household filing status.

**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 from a clergy member
- Letter from social services
- Other supporting documentation

If so, what type of 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:**

- |   |   |
|---|---|
| <input type="checkbox"/> Utility bills      | <input type="checkbox"/> Rent receipts or mortgage interest statement |
| <input type="checkbox"/> Property tax bills | <input type="checkbox"/> Maintenance and repair bills                 |
| <input type="checkbox"/> Grocery receipts   | <input type="checkbox"/> Other household bills                        |

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

- |   |   |
|---|---|
| <input type="checkbox"/> Family support     | <input type="checkbox"/> Childcare assistance |
| <input type="checkbox"/> Food stamps        | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Housing assistance |   |

**This worksheet can be used to substantiate the costs of maintaining the home. The IRS does not require this worksheet to be completed. It is included here for your convenience.**

**Publication 17, Worksheet 2-1 - Cost of Keeping Up a Home**

	Amount you paid	Total cost
Property taxes		
Mortgage interest expense		
Rent		
Utility charges		
Repairs/Maintenance		
Property insurance		
Food eaten in the home		
Other household expenses		

I / We \_\_\_\_\_, do affirm that the above information is true to

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 my knowledge. Under penalties of perjury, I declare that all children named on Page 1 of Form 1040 are my dependents, and that I provided my preparer with complete and accurate data as to all my earnings, my marital status, and the names, dates of birth, and Social Security numbers of my children. I declare that I have reviewed the information on this EIC worksheet and Form 8867 and I affirm that it is true and correct. I understand that a false statement will subject me to the penalties by the Internal Revenue Service. This also releases any liabilities on Landingham Enterprises LLC and I/we take full responsibilities.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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