EIC, CTC, & AOTC ELIGIBILITY WORKSHEET

CHILD'S NAME				
CHILD IS YOUNGER THAN TA	XPAYER & SPOUS	SE AND UNDER T	HE AGE OF:	
17				
19				
24 AND A FULL-				
TIME STUDENT				
CHILD IS MY: (LIST ONE)				
CHILD, STEPCHILD, ADOP	TED CHILD, FOSTER C	CHILD, BROTHER, SIS	STER, NIECE, NEPHE	W, OR GRANDCHILD
I PROVIDED OVER HALF OF				
THE CHILD'S SUPPORT				
DURING THE YEAR				
DOMING THE TEAK				
CHILD LIVED WITH ME IN				
THE U.S. FOR MORE THAN				
HALF THE YEAR				
CHILD IS CLAIMED ON MY				
FEDERAL TAX RETURN AS A				
DEPENDENT				
CHILD IS A US CITIZEN, US				
NATIONAL, OR US				
RESIDENT ALIEN WITH A				
SOCIAL SECURITY NUMBER				
MY TAX RETURN FILING				
STATUS IS NOT MARRIED				
FILING SEPARATELY (EIC)				
NO CREDITS WERE				
NO CREDITS WERE DISALLOWED OR REDUCED				
IN THE PREVIOUS YEAR				
IN THE FREVIOUS TEAR				
CHILD IS NOT QUALIFIED				
CHILD BASED ON TIE-				
BREAKER RULES				
DOCUMENTATION THAT CAI	N BE PROVIDED T	O SUPPORT ELI	GIBILITY IF NEC	ESSARY (LIST OR
CIRCLE ATLEAST ONE): S				
PROVIDER, CHILD CARE PRO	VIDER, PLACE OF	WORSHIP, OR M	EDICAL RECORD	OS
NG THIS FORM, I (WE) ARE C	ERTIFYING THAT	I (WE) HAVE (GIVEN YOU VAL	ID INFORMATION
DOCUMENTATION TO SUBSTA				
				(-) -
TAXPAYER SIGNATURE	DATE	SPOUSE	SIGNATURE	DATE
NG THIS FORM, I CONFIRM TH				
ND THE ANSWERS GIVEN BY		AND SPOUSE A	ND THAT ALL I	NFORMATION IS
T TO THE BEST OF MY KNOWLE	DGE.			
INMED DD EMED CLOVATIVE	D 4000	_		
INTERPRETER SIGNATURE	DATE			