

Enhanced Information Required for 2016 Tax Returns.

TAXPAYER NAME:			SPOUSE NAME:		
I am including my: <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID Card <input type="checkbox"/> I Have Neither			I am including my: <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID Card <input type="checkbox"/> I Have Neither		
<input type="checkbox"/> Never Married	<input type="checkbox"/> Married, if 2016 Date:		<input type="checkbox"/> Divorced Date:	<input type="checkbox"/> Widow(er) Date:	

Due to the IRS Due Diligence efforts and the steps being taken to avoid Identity Theft, the Federal and State Governments are requiring additional information this year to ensure that there are no errors, inconsistencies, or omissions from a tax return. Fines for incomplete or inconsistent returns can be significant. Therefore the information above as well as the following information is now needed for each return:

Others living with you in your home or apartment (Dependents born in 2016 need Birth Certificate and Social Security Card)				
Name	Age/DOB	Relationship	Months in Home	Dependent Type
1				DEP HOH N/A
2				DEP HOH N/A
3				DEP HOH N/A
4				DEP HOH N/A
5				DEP HOH N/A
6				DEP HOH N/A
7				DEP HOH N/A
8				DEP HOH N/A

School information for any of the above who are dependents and attending school	
Row #	School Information

Health Coverage for anyone claimed on the return	
Person	Health Coverage
TP	
SP	
Row #	
Row #	
Row #	
Row #	
Row #	

Other income received from other sources			
Type	Amount	Type	Amount
Alimony Received	Per	Gifts/Support from Family/Friends	Per
Child Support Received	Per	Withdrawal from Savings	Per
Public Assistance	Per	Other	Per

Expenses Paid for upkeep of the home and other outlays			
Type	Amount	Type	Amount
Rent/Mortgage Payments	Per	Auto Loans/Leases	Per
Food, Groceries, & Outside Meals	Per	Medical Expense	Per
Heat, Light, & Other Utilities	Per	Child Care Expense	Per
Homeowners/Renters Insurance	Per	Alimony Paid	Per
Real Estate Taxes	Per	Child Support Paid	Per

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Earned Income Tax Credit	Have you ever been disallowed a claim for this benefit? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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In order to be eligible for this credit, you:

- Cannot be a Qualifying Child of another Taxpayer for EIC purposes even if the other person cannot or does not claim the EIC.
- Must be a U.S. citizen or resident alien all year.
- If you have no dependents, you cannot be eligible to be claimed as the dependent of another taxpayer and must have lived in the United States more than ½ of the year.

Your Qualifying Child:

- Must have lived with the taxpayer for more than half of the year in one of the 50 states or the District of Columbia (i.e., this excludes Puerto Rico or U.S. possessions such as Guam).
- Must be your Qualifying Child or an individual who would have been the taxpayer's Qualifying Child except for providing more than ½ of his/her own support or the rules for Children of Divorced or Separated Spouses.
- Cannot be a person used as a Qualifying Child for Earned Income Credit purposes by any other taxpayer.

For any claimed child dependent who is not your child, please explain where the parents are and your basis for claiming them	
Row #	Explanation

Child Tax Credit	Have you ever been disallowed a claim for this benefit? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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In order to be eligible for this credit, the child must be a Qualifying Child dependent under age 17 at the end of 2016 and not be a resident of Canada or Mexico.

You cannot have previously released the claim for any **Children who lived with you:**

Please indicate if you have released the claim to each child living with you. If "YES" you cannot claim this child:					
Name:	<input type="checkbox"/> NO	Name:	<input type="checkbox"/> NO	Name:	<input type="checkbox"/> NO
	<input type="checkbox"/> YES		<input type="checkbox"/> YES		<input type="checkbox"/> YES

You must have a signed Form 8332 for any **Children who did not live with you**

Please indicate that you have a signed Form 8332 releasing the claim by the custodial parent for any child not living with you:					
Name:	<input type="checkbox"/> YES	Name:	<input type="checkbox"/> YES	Name:	<input type="checkbox"/> YES
	<input type="checkbox"/> NO		<input type="checkbox"/> NO		<input type="checkbox"/> NO
This form must be provided for each individual listed in this table.					

American Opportunity Tax Credit	Have you ever been disallowed a claim for this benefit? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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In order to be eligible for this credit, the student must be an undergraduate and not have claimed this credit more than three previous times. You must supply Form 1098-T for each student as well as a statement from the school and/or other receipts to document the qualified tuition and related. Qualified expenses include expenditures for course materials, as well as tuition and required fees. The term "course materials" means books, supplies and equipment needed for a course of study regardless of whether or not the materials were purchased from the educational institution as a condition of enrollment or attendance. Whether an expenditure for a computer qualifies for the credit depends on the facts. An expenditure for a computer would only qualify for the credit if the computer is needed as a condition of enrollment or attendance at the educational institution, not just because it is desirable to have one.

Neither I nor my parents have claimed this credit on my behalf more than 3 times previously		<input type="checkbox"/> I agree; # of times:
By checking this box, I assert that I have receipts for the required books and supplies claimed		<input type="checkbox"/> I have receipts
Paid from non-school grants:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Paid from ESA or 529 Plan: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

ATTESTATION: I hereby certify that I have discussed the above with my tax preparer and that all information herein provided is accurate and correct to the best of my knowledge and ability and I authorize the use of this information to prepare my Federal and State Income Tax Returns for 2016.

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____