



## EARNED INCOME TAX CREDIT QUESTIONNAIRE

**IRS is requiring** additional questions for qualification for Earned Income Tax Credit (EIC). IRS has determined that they lost over 12 billion dollars in EIC fraud last year and additional questions are required.

**General Question:**

How many people live with you? \_\_\_\_\_ How many: Adults \_\_\_\_\_ Children \_\_\_\_\_

How many work? \_\_\_\_\_ List how what their relationship is to you: \_\_\_\_\_

Does anyone in the household make more money than you? Yes No Are expenses shared ? (groceries, rent, utilities, insurance, etc.) Yes No

**If your income is less than \$15,000**

How are you paying for rent, utilities, food, etc.? \_\_\_\_\_

Are you getting assistance from: County State Other How much \$ \_\_\_\_\_

Does anyone give you funds to live on? Yes No Who \_\_\_\_\_

How much? \_\_\_\_\_

**Single Male Questions:**

Where is the child's mother? \_\_\_\_\_

Why is the mother not claiming child? \_\_\_\_\_

Who watches the child while you are at work? \_\_\_\_\_

Daycare Expenses: \$ \_\_\_\_\_

Are the mother's earnings more than yours? Yes No

**To qualify for EIC, you must complete this questionnaire for your three youngest children that you are claiming as exemptions on your tax return.**

Your Marital Status on December 31, 2024: Circle One Married Single

Child #1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This child's relationship to you: \_\_\_\_\_

How many months in the calendar year 2024 did this child live with you? \_\_\_\_\_

Do you have any evidence to prove this child lived in your home such as school records, medical bills, etc? Yes No

Did you receive any financial assistance for the child? **Circle ALL that apply**

Child Support Social Security Benefits Food Stamps Welfare Housing Assistance WIC

Medicaid Other \_\_\_\_\_

Can anyone else claim this child on their tax return? Yes No

If this child is a student: Circle one Preschool Elementary High School College

**Who pays?**

Rent/Mortgage	Me	Parents	Boyfriend/Girlfriend	Other
Home Insurance	Me	Parents	Boyfriend/Girlfriend	Other
Medical Bills	Me	Parents	Boyfriend/Girlfriend	Other
Food	Me	Parents	Boyfriend/Girlfriend	Other
Utilities	Me	Parents	Boyfriend/Girlfriend	Other

Under penalties of perjury, I have answered the above questions correctly to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Child #2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This child's relationship to you: \_\_\_\_\_

How many months in the calendar year 2024 did this child live with you? \_\_\_\_\_

Do you have any evidence to prove this child lived in your home such as school records, medical bills, etc? Yes No

Did you receive any financial assistance for the child? **Circle ALL that apply**

Child Support Social Security Benefits Food Stamps Welfare Housing Assistance WIC

Medicaid Other \_\_\_\_\_

Can anyone else claim this child on their tax return? Yes No

If this child is a student: Circle one Preschool Elementary High School College

Child #3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This child's relationship to you: \_\_\_\_\_

How many months in the calendar year 2024 did this child live with you? \_\_\_\_\_

Do you have any evidence to prove this child lived in your home such as school records, medical bills, etc? Yes No

Did you receive any financial assistance for the child? **Circle ALL that apply**

Child Support Social Security Benefits Food Stamps Welfare Housing Assistance WIC

Medicaid Other \_\_\_\_\_

Can anyone else claim this child on their tax return? Yes No

If this child is a student: Circle one Preschool Elementary High School College