

**✦ Children & Dependents Worksheet (please only note changes from prior year)**

**Dependents: (For Earned Income Tax Credit, 2 forms of ID are needed.)**

**NOTE: Your child is usually your dependent even if he/she is away at college. This affects city/local income taxes, sadly.**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Middle initial/Suffix \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_

Relationship:  Son  Daughter  
 Other \_\_\_\_\_

Marital Status:  Single  Married

Permanently disabled:

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Middle initial/Suffix \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_

Relationship:  Son  Daughter  
 Other \_\_\_\_\_

Marital Status:  Single  Married

Permanently disabled:

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Middle initial/Suffix \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_

Relationship:  Son  Daughter  
 Other \_\_\_\_\_

Marital Status:  Single  Married

Permanently disabled:

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Middle initial/Suffix \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_

Relationship:  Son  Daughter  
 Other \_\_\_\_\_

Marital Status:  Single  Married

Permanently disabled:

**Certain relatives may qualify as dependents even if they do not live with you. Please check with your tax preparer if you have questions.**

**Were you involved in an adoption during the year?**  No  Yes If yes, please include the date of the adoption, date(s) and amount(s) of any related expenses, and any special needs certification.

**✦ Child Care Costs for children up to age 13 or permanently disabled\***

Child	Expenses Incurred While You/Spouse Worked	Child Care Provided by Employer	Name & Address of Care Provider	Social Security # OR EIN of Provider

**\* Please include a copy of the annual statement from your child-care provider.**