IRS Required Dependency Questionnaire

We're sorry, but IRS requires that YOU complete this for each dependent

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1. **Could you the taxpayer (or your spouse if married filing jointly) be a dependent of any other person?** . . . . . ☐ Yes ☐ No

2. **Dependent's name**: _____
(exactly as it appears on the dependent's social security card)

3. **Dependent's Date of Birth**: _____ **Age**____(as of December 31, 2025)

4. **Relationship:** **check one** ☐ Son ☐ Daughter ☐ Stepchild ☐ eligible Foster Child (court directed)

or ☐ Other Relationship_____

examples: brother, sister, step brother, step sister, half brother, half sister, aunt, uncle, niece, nephew, parent, grandparent, grandchild

or ☐ **No** Relationship, did person ***live with you*** in ***your household*** the ***entire year (full 12 months)?*** . . . . . ☐ Yes ☐ No

5. **If dependent is *YOUR* child, check one** ☐ under 19 ☐ 19 to 24 and full time student (in school at least 5 months)
☐ any age and totally and permanently disabled (you must have **written** proof)

5a. **If the child "is NOT your" son or daughter, *you must explain why the child's own parents are not claiming the child:*** _____

5b. **Did the child live with you more than 6 months (at least 183 nights) in 2025?** . . . . . ☐ Yes ☐ No
(if born or died during the year, check Yes)

If "Yes" do you have Written Proof with "your" address as the" child's" address that "proves"
the child lived with you, such as school records, medical records, child care records, etc? . . . . . ☐ Yes ☐ No

5c. **Can any other person claim the child lived with them more than 6 months or 183 nights?** . . . . . ☐ Yes ☐ No

6. **Is the dependent a citizen or national of the United States?** . . . . . ☐ Yes ☐ No

7. **Is the dependent married?** . . . . . ☐ Yes ☐ No

If "Yes", is he/she filing a joint return with his/her spouse? . . . . . ☐ Yes ☐ No

8. **Did the dependent earn more than $15,000 in 2025?** (earnings do not include Social Security or investments) . . . . . ☐ Yes ☐ No

9. **Check any and all financial assistance received by or for the dependent**

☐ Child support ☐ Food Stamps ☐ Medicare ☐ Medicaid ☐ WIC

☐ Housing/Utility assistance ☐ Day Care Benefits ☐ Help from Family ☐ Other_____

☐ Social Security Benefits $_____ (if dependent receives social security, how much?)

10. **Who paid more for the dependents support?** ☐ **I paid more than dependent paid** ☐ **Dependent paid more than I paid**

You must be able to prove you paid more for dependents support than the total income received by the dependent ("support" means living expenses, such as food, clothing, housing, health, education, recreation, transportation, etc.)

11. **If you file as Single or Head of Household - does anyone in your household earn more money than you do?** . . . . . ☐ Yes ☐ No

If Yes, what is the higher income person's relationship to the dependent? _____

12. **Are you wanting to use this dependent for Head of Household purposes only?**. . . . . ☐ **Yes** ☐ **No**

I am providing the above information to SouthWind Tax Service to be used to prepare my 2025 tax return.
I submit that this information is correct to the best of my knowledge and I can produce records if requested.

Taxpayer: _____ Date: _____

Spouse: _____ **Date:** _____ **Reviewed by** _____