2018 Paid Preparer Due Diligence Checklist

- Earned Income Credit (EIC)
- American Opportunity Credit (AOC)
- Child Tax Credit (CTC)
- Additional Child Tax Credit (ACTC)
- Credit for Other Dependents (ODC)
- Head of Household (HOH)

	EIC	AOC	CTC/ACTC/ODC	НОН
Can you provide documentation, if required, to substantiate your eligibility for each credit and/or HOH filing status and the amount of each credit being claimed? (See below for examples of documentation.)	Yes No n/a	Yes No n/a	Yes No n/a	Yes No n/a
	EIC	AOC	CTC/ACTC/ODC	нон
Were any of these credits disallowed or reduced in prior year?	Yes No n/a	Yes No n/a	Yes No n/a	n/a
	EIC	AOC	CTC/ACTC/ODC	нон
Is each qualifying person for whom you are claiming the Child Tax Credit, Additional Child Tax Credit, and Credit for Other Dependents a citizen, national, or resident of the United States?	n/a	n/a	Yes No n/a	n/a
Did all children for whom you are claiming the Child Tax Credit and/or Additional Child Tax Credit reside with you for more than half the year?	n/a	n/a	Yes No n/a	n/a
Is there an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place?	n/a	n/a	Yes No n/a	n/a
Did you release the claim for exemption to another person?	n/a	n/a	Yes No n/a	n/a
	EIC	AOC	CTC/ACTC/ODC	нон
Have you provided documentation for the American Opportunity Credit, including Form 1098-T and/or receipts for qualified tuition and related expenses?	n/a	Ye s No n/a	n/a	n/a
	EIC	AOC	CTC/ACTC/ODC	нон
Were you unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	n/a	n/a	n/a	Yes No n/a

Documentation Examples (list not all-inclusive)

Residency of a Qualifying Child

- · School records or statement.
- Landlord or a property management statement.
- Health care provider statement.
- Medical records.
- Child care provider records.
- Placement agency statement.
- Social service records or statement.
- Place of worship statement.
- Indian tribal official statement.

Disability of Qualifying Child

- Medical doctor's statement.
- Other health care provider's statement.
- Social services agency or program statement.

Schedule C

- Business license.
- Forms 1099.
- Records of gross receipts.
- Summary of income.
- Records of expenses.
- Summary of expenses.
- · Bank statements to show income and expenses.

Diligence Questions

All Taxpayers:

1.	Are you married?
2.	Have you ever been disallowed the EITC/AOTC/CTC? If so, when?
3.	Did you live in the United States and where?
4.	If you are a single parent, where's the other parent(s) of your child/children?
5.	What is the name of the other parent(s)?
6.	Why is the other parent of the child/children not claiming the child?
7:	Explain why the dependent(s) have different last names than the taxpayer
8.	If you are separated/divorced, when did you last live in the same home?
9.	Do you have joint custody of your child?
	 a. How long did the child live in your home during this tax year? b. How long did your child/children live in the other parent's home during this tax year? c. How much income did the other parent have during this tax year? d. Do you have a signed Form 8332?
10.	Did anyone else live in the home that provides financial support for your child/dependent(s)? a. If yes, who lives there and how much do they pay
11.	Does the taxpayer have full custody of their dependent(s)?
12.	Is this your biological dependent(s) ?
13.	How old were you when your oldest child was born that is listed on this return?
	a. If the taxpayer was under the age of 18, explain circumstances and who/how the child was cared for until the taxpayer was old enough to support and care for her own child
14.	How many months did the dependent(s) live in your home during the tax year?
15.	Can anyone else claim your dependent(s) as a dependent on their tax return?
16.	Is your dependent married?
17.	If you live alone, who babysits while you work (for children 12 & younger)? Name:
18.	Do you receive any other type of supplemental, non taxable income such as child support, welfare benefits, social security,
	etc?a. If so, how much and what kind?
	No.4 Dialogical Childs
	Not Biological Child:
	If this is not your biological child, what is your relationship to the dependent?
20.	Did the dependent live in your home for more than 6 months?
21	Do you have custody? If so, through what court/agency?

Diligence Questions

22.	Who are the biological parents?					
23.	Where do the biological parents live?					
	What were the circumstances leading to the dependent(s) being placed in your home?					
25.	Do you receive any financial aid for this child such as WIC, Medicaid, SNAP, listed on your health insurance policy, etc? If yes, which ones?					
26.	Are you listed as the guardian for this dependent(s) on school records, medical records, daycare records, or place of worship records?					
	College Credits					
27.	Which college did the student attend ?					
	Did student attend at least half time? Degree Seeking?					
	Did this student receive a tuition statement from the school? Other Books/Materials \$					
30.	Did this student work while attending school? If so, how much did they earn?					
31.	How many tax years have you claimed the AOTC? Drug Related Felonies? PLEASE PROVIDE BURSAR STATEMENT OR ACCOUNT HISTORY					
	Disabled at any age:					
32.	If your dependent is over the age of 18 and Disabled, what is wrong with them?					
33.	Has this dependent been declared disabled by a physician? If so, can you provide documentation?					
34.	Does dependent receive social security/disability benefits? If so, how much do they receive?					
35.	Are you listed as the Social Security Representative Payee for this dependent?					
36.	Is this the dependent(s) expected to recover in the next year?					
37.	If this is not your biological child, why is this child living with you and not another family member?					
38.	Where are the biological parents of your disabled dependent(s)?					
	Who cares for the disabled dependent while the taxpayer works?					
ı yo	U, THE TAXPAYER, PROVIDE SCHOOL/MEDICAL/DAYCARE/PLACE OF WORSHIP/BIRTH CERTIFICATES UPON ST FROM THE GOVERNMENT?					

Filing Status

Single:			
Others that lived in your home that is not reported on this	s tax return?	Income	\$
Is this person biologically related to your dependent(s)?_			
Preparer Notes as to why the above named relative is			
	s - P -		3 - 4361
Head of Household: Single parent	paying more than ½ co	st of keeping i	up a home
			The second secon
Monthly Income:	(wages, chil	d support, othe	er income)
	Amount you paid		Total Cost
Property Taxes)	
Rent		5 5 5 5	
Mortgage interest expense			and the State of
Utility Charges		1 1/80	A SAN TANK
Upkeep and Repairs			A STATE OF THE STA
Property Insurance		6, 1, 1, 1	
Food Consumed on the premises			
Other Household expenses			7
Totals			. J. (SU) NOOP 1847 10
o not count money received under public assistance/welf	fare/foodstamps in the amount you r	paid. But include costs	naid with public assistance in th
axpayer has provided all answers to the above question. at claiming a dependent for EITC/CTC?AOTC/HOH o correct	s to be true and correct to the best of	of the taxpayer's know	ledge. Taxpayer has been infor
2017.0011	or other can result in an auait, Jines	s and penalties if infor	mation provided to preparer is
TAXPAYER	SPOUSE		
eparer signature			