

DEPENDENT QUESTIONNAIRE

Taxpayer's Name(s): _____

PLEASE ANSWER THE FOLLOWING QUESTIONS SO WE MAY PREPARE AN ACCURATE TAX RETURN FOR YOU.

I. List ALL DEPENDENTS you will be claiming for the Tax Year.

RETURNING CLIENTS, if you are adding NEW dependents that you didn't claim in prior year, please provide their SSN and DOB.

NEW CLIENTS, fill out all information.

DEPENDENT'S <u>FULL</u> NAME: SOCIAL SECURITY NUMBER	If YOU are the biological parent of the dependent who doesn't carry your last name, Initial.	AGE in the Tax Year:	Months (0-12) lived with you in Guam/US during Tax Year	Dependent has total Income of more than \$12,000? (Income such as Wages, Interest, Dividends, Annuity, S.S. Benefits, PUA)	Name of SCHOOL attended in the Tax Year:
1	Date of Birth:				
Social Security Number:		Relationship to Taxpayer(s):			
2	Date of Birth:				
Social Security Number:		Relationship to Taxpayer(s):			
3	Date of Birth:				
Social Security Number:		Relationship to Taxpayer(s):			
4	Date of Birth:				
Social Security Number:		Relationship to Taxpayer(s):			
5	Date of Birth:				
Social Security Number:		Relationship to Taxpayer(s):			
6	Date of Birth:				
Social Security Number:		Relationship to Taxpayer(s):			
7	Date of Birth:				
Social Security Number:		Relationship to Taxpayer(s):			
8	Date of Birth:				
Social Security Number:		Relationship to Taxpayer(s):			

II. Answer this Section if your Dependent did not live with you for more than 6 months.

NAME:	Where did they live during tax year?	Who did they live with and who provided their support/needs?

(Continue on back page...)

III. If you are claiming **NIECES, NEPHEWS, COUSINS, GRANDCHILDREN, BROTHERS, or SISTERS** please indicate the parents names, the reason why the parents are not claiming their children, and why you are claiming them.

NAME OF DEPENDENT:	Parent's Name(s):	The Parents' Relationship to you:	Why the Parents are not claiming dependent? And why are you claiming the dependent? (Additional space on the back page)

IV. Dependent enrolled in **Pre-K, Daycare/Deed Program**, or has a **Babysitter**.

DEPENDENT'S NAME:	Provider's Name:	Provider's EIN/SSN:	Provider's Address:	Amount Paid to Provider:

V. **COLLEGE STUDENT**, please answer below: If your college student has no tuition statement, we may request that you provide his/her class

NAME:	Tuition covered by FAFSA/GI Bill?	AGE:	Full or Part-Time Student?	YEAR (select one)	Grad Student	Name of COLLEGE:

Any further information please indicate below:

I/We attest that the information contained in this Questionnaire is True and Correct to the best of my/our knowledge.

_____ Taxpayer's Signature _____ Date _____ Spouse's Signature _____ Date
AUTHORIZED THIRD-PARTY: _____ Print Name: _____ Signature and Date

CLERK'S REMARKS: