DEPENDENT QUESTIONNAIRE

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

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' carry your last name, Initial.		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 Taxpay	er(s):			
2	Date of Birth:				
Social Security Number:	Relationship to Taxpay	er(s):			
3	Date of Birth:				
Social Security Number:	Relationship to Taxpay	er(s):			
4	Date of Birth:				
Social Security Number:	Relationship to Taxpay	er(s):			
5	Date of Birth:				
Social Security Number:	Relationship to Taxpay	er(s):			
6	Date of Birth:				
Social Security Number:	Relationship to Taxpayer(s):				
7	Date of Birth:				
Social Security Number:	Relationship to Taxpay	er(s):			
8	Date of Birth:				
Social Security Number:	Relationship to Taxpay	er(s):	ļ		

II. Answer this Section if your Dependent <u>did not</u> 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...)

ependent 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 Pai Provider EIN/SSN: Provider's Address: Provider Provider OLLEGE STUDENT, please answer below: If your college student has no tuition statement, we may request that you provide his/her clas NAME: Tuition covered by FAFSA/GI Bill? AGE: Tuition covered by Student? YEAR (select one) Student Name of COLLEGE: Name of College Student Name of College Student?	NAME OF DEPENDENT:	Parent's Name(s):		The Parents' Relationship to		Why the Parents are not claiming dependent? And why a you claiming the dependent?				
DEPENDENT'S NAME: Provider's Name: Provider's Provider's Address: Amount Pai Provider DILEGE 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: Student? YEAR (select one) Student Name of COLLEGE: Name of COLLEGE: Name of College: Student? YEAR (select one) Student Name of College: Student? YEAR (select one) Student Name of College: Student? Name of College: Student Name of College: Student Name of College: Student Name of College: Studen				you:		(Ac	lditional s	space on the back	cpage)	
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