Dependent Eligibility Questionnaire

TAX YEAR 2026 | 2027 FILING SEASON | DRAFT FOR REVIEW

Client name: _____ Date: _____

Complete one copy per potential dependent. Eligibility will be verified by the preparer; do not assume that residency alone establishes eligibility.

Dependent legal name / date of birth / relationship

Months lived with taxpayer; dates and temporary absences

Other parent or potential claimant; custody arrangement

Student status / disability status, if relevant

Dependent income and own support; who paid remaining support?

Marital status / joint return filed?

Citizenship or residency status; SSN eligibility (do not write SSN here)

Evidence available: school, medical, lease, birth or custody records

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Client signature: _____ Date: _____

Spouse signature (if applicable): _____ Date: _____