

Name _____ Telephone _____
 Address _____

- | | | | |
|--|----|------------|-----------|
| 1. Are you, your spouse and child(ren) Citizen, Resident Alien or Valid for Employment status? | 1 | <u>YES</u> | <u>NO</u> |
| 2. Do you have any foreign income earning? | 2 | <u>YES</u> | <u>NO</u> |
| 3. Are you or your spouse a dependent of another person? | 3 | <u>YES</u> | <u>NO</u> |
| 4. Did both of you and your spouse work? | 4 | <u>YES</u> | <u>NO</u> |
| If either of you or your spouse didn't work, why _____ | | | |
| 5. Was your main home in the United States for more than half of the year? | 5 | <u>YES</u> | <u>NO</u> |
| 6. Did your child(ren) live with you in the United States for more than half of the year? | 6 | <u>YES</u> | <u>NO</u> |
| 7. Are you the only one who can claim this child(ren)? | 7 | <u>YES</u> | <u>NO</u> |
| 8. Was your dependent child "single"? | 8 | <u>YES</u> | <u>NO</u> |
| 9. Do you have records that your personally paid more than 50% of the household expe | 9 | <u>YES</u> | <u>NO</u> |
| 10. Did anyone also support your children, ex: hoshold member, grandparent, or other parent? | | <u>YES</u> | <u>NO</u> |
| 11. Did anyone help support the household expense? | 11 | <u>YES</u> | <u>NO</u> |
| If "YES", List Who _____ And How Much _____ | | | |
| 12. Did anypne also list as the other household member(s)but not on the tax return. | 12 | <u>YES</u> | <u>NO</u> |
| If "YES", List Name & Relationship _____ | | | |
| 13. Did anyone take care of the child(ren) while you and/or your spouse were working? | 13 | <u>YES</u> | <u>NO</u> |
| If "YES" List Name & Relationship _____ | | | |
| 14. Are you reporting all income, such as cash, business, investment, or rental income? | 14 | <u>YES</u> | <u>NO</u> |

Marital Status

- Married Single Head of Household
 Married Filling Separately Window(er), Date of Spouse's Death _____

Money In

	Total
Taxable Income	\$
From W2	\$
From 1099	\$
Other (If you have, list name)	\$
Government Subsidies Program	\$
Food Stamp	\$
Medical Assistance / Medicare	\$
Public School / Scholarship & Grant	\$
Housing Assistance	\$
Social Security's Supplemental Security Income	\$
Non-Taxable Income, such as gift, child support, some insurance proceed, et	\$

Money Out

	Total
Rent/Mortgage payment	\$
Property Tax & Insurance	\$
Household Utilities/Repaires	\$
Food & Clothing	\$
Medical Expenses	\$
School Tiution &Daycare Expense	\$
Transportation & Car Expenses	\$
Entertainment & Vacation/Travel Expenses	\$
Saving	\$

Signature _____

Date _____