

EARNED INCOME CREDIT INTERVIEW SHEET

NAME: _____ SOCIAL SECURITY: _____

SPOUSE: _____ SOCIAL SECURITY: _____

1. ARE YOU MARRIED? IF YES, HOW LONG HAVE YOU BEEN MARRIED AND IS THIS YOUR FIRST MARRIAGE?
2. DO YOU PAY ALIMONY OR CHILD SUPPORT?
3. DID YOU AND YOUR SPOUSE LIVE TOGETHER IN 2019 AND IF SO HOW LONG?
IF NO, WHERE SPOUSE LIVED? DOES YOUR SPOUSE WORK?
4. WHAT IS YOUR RELATIONSHIP TO THE DEPENDENTS THAT YOU ARE CLAIMING, AND WHAT ARE THEIR AGES?
5. CAN YOU VERIFY RESIDENCY OF DEPENDENTS THROUGH SCHOOL RECORDS, MEDICAL RECORDS, COURT DOCUMENTS, ADOPTION PAPERS, BIRTH CERTIFICATES OR OTHER DOCUMENTATION THAT WOULD PROVE THAT DEPENDENT WAS IN THE HOME WITH YOU 6 OR MORE MONTHS IN 2019?
6. WOULD ADDRESS ON DOCUMENTS FOR DEPENDENTS MATCH YOUR ADDRESS?
7. HOW LONG DID YOU LIVE AT CURRENT ADDRESS? _____ HOW MUCH IS YOUR RENT? _____
8. WERE THERE ANY OTHER ADULTS IN HOME? IF YES, DO THEY PAY ANY OF THE LIVING EXPENSES?
9. WHOSE INCOME WAS THE HIGHEST?
10. WHERE ARE THE BIRTH PARENTS OF THE CHILD THAT YOU ARE CLAIMING, IF NOT IN HOME? WHY ARE THE BIRTH PARENTS NOT CLAIMING THE CHILD?
11. HOW DO YOU HANDLE DAYCARE FOR DEPENDENTS WHILE AT WORK?
12. WAS THERE ANY NON TAXABLE INCOME THAT COMES INTO THE HOME? (SUCH AS CHILD SUPPORT, GOVERNMENT ASSISTANCE, WIC, OTHER) IF YES, HOW MUCH DID YOU RECEIVE?
13. (IF DEPENDENT IS OLDER THAN 18 BUT LESS THAN 24) ARE THE DEPENDENTS FULL TIME STUDENTS AND CAN YOU VERIFY WITH SCHOOL RECORDS IS NEEDED? PLEASE PROVIDE PROOF.
14. (IF DEPENDENT IS OLDER THAN 18 AND NOT IN SCHOOL) IS THE DEPENDENT PERMANENTLY AND TOTALLY DISABLED?
(IF YES, DO YOU EXPECT THE DISABILITY TO LAST OVER A YEAR?)
15. PLEASE PROVIDE DOCUMENTATION PROVING THE DEPENDENTS DISABILITY.

Taxpayer Signature: _____ Date: _____

Spouses Signature: _____ Date: _____