

**If you have a child 17 or older, please fill out this form.
Place an 'X' by the YES or NO**

Other Dependent Credit Checklist

Client Name: _____

Dependent's first name: _____

Dependent's last name: _____

- Is the other dependent the taxpayer's son, daughter, stepchild, foster child, or a decedent of any of them (for example, a grandchild), brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them (for example a niece or nephew), father, mother, or an ancestor or sibling of either of them (for example a grandmother, grandfather, aunt, or uncle), any other person (other than the taxpayer's spouse) who lived with the taxpayer all year as a member of the household if the relationship didn't violate local law?

- Was the other dependent a child who was age 17 or older and not a full time student?

- Was the other dependent not a dependent of any other taxpayer for 2024?

- Did the other dependent have a gross income of less than \$5,050 in 2024. This does not include nontaxable income such as welfare benefits or nontaxable Social Security benefits, or was the person permanently or totally disabled?

- Did the taxpayer provide over half of the other dependent's support for 2024?

- Is the other dependent filing a joint return for 2024? Note. If the other dependent is filing a joint return in 2024 only to claim a refund of estimated or withheld taxes, check "No"

- Is the other dependent a citizen, national or resident alien of the U.S.?

- Does the other dependent have a SSN, ITIN or adoption taxpayer identification number (ATIN) issued on or before the due date of the 2024 Return (including extensions)?

Child A	Child B	Child C	Child D
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	Yes	Yes	Yes
	No	No	No
	Yes	Yes	Yes
	No	No	No
	Yes	Yes	Yes
	No	No	No
	Yes	Yes	Yes
	No	No	No
	Yes	Yes	Yes
	No	No	No
	Yes	Yes	Yes
	No	No	No
	Yes	Yes	Yes
	No	No	No

Client Signature: _____