2016 CTC/ACTC (CHILD TAX CREDIT / ADDITIONAL CHILD TAX CREDIT) DUE DILIGENCE REQUIREMENT

NAME OF TAXPAYER & SPOUSE FILING RETURN

How to determine if you child is eligible for the child tax credit or additional child tax credit

1. Age Test

To qualify, a child must have been under age 17 (i.e., 16 years old or younger) at the end of the tax year for which you claim the credit.

2. Relationahip Test

The child must be your own child, a stepchild, or a foster child placed with you by a court or authorized agency. An adopted child is always treated as your own child. ("An adopted child" includes a child lawfully placed with you for legal adoption, even if that adoption is not final by the end of the tax year.)

You can also claim your brother or sister, stepbrother, stepsister. And you can claim descendents of any of these qualifying people — such as your nieces, nephews and grandchildren — if they meet all the other tests.

3. Support Test

To qualify, the child cannot have provided more than half of his or her own financial support during the tax year.

4. Dependent Test

You must claim the child as a dependent on your tax return.

Bear in mind that in order for you to claim a child as a dependent, he or she must: 1) be your child (or adoptive or foster child), sibling, niece, nephew or grandchild; 2) be under age 19, or under age 24 and a fulltime student for at least five months of the year; or be permanently disabled, regardless of age; 3) have lived with you for more than half the year; and 4) have provided no more than half his or her own support for the year.

5. Citizenship Test

The child must be a U.S. citizen, a U.S. national or a U.S. resident alien. (For tax purposes, the term "U.S. national" refers to individuals who were born in American Samoa or in the Commonwealth of the Northern Mariana Islands.)

6. Residence Test

The child must have lived with you for more than half of the tax year for which you claim the credit. There are important exceptions, however: A child who was born (or died) during the tax year is considered to have lived with you for the entire year.

Temporary absences by you or the child for special circumstances, such as school, vacation, business, medical care, military services or detention in a juvenile facility, are counted as time the child lived with you.

7. Family Income Test

The child tax credit is reduced if your modified adjusted gross income (MAGI) is above certain amounts, which are determined by your taxfiling status. The phase out threshold is \$55,000 for married couples filing separately; \$75,000 for single, head of household, and qualifying widow or widower filers; and \$110,000 for married couples filing jointly. For each \$1,000 of income above the threshold, your available child tax credit is reduced by \$50.

PART 1 - 2016 PREPARER DUE DILIGENCE - QUALIFYING CHILD

Complete the following attached form for all qualifying children.

2016 Preparer Due Diligence - Qualifying Child

Zu tu t reparer Due Dingence - Quantying On	iu -							
Qualifying Child SSN	1		25	25		49		
Qualifying Child First Name	2		26	26		50		1
Qualifying Child Last Name	3		27	27		51		
Age - Qualifying Child (complete this section only if qua	alifying	y child is over aç	ge 18)					
For children over age 18 who are students or permanently an	nd totall	y disabled, the fo	llowing addit	ional information a	nd docun	nentatio	on should be avai	lable:
1 Children who are students	4	Not a student	28	Not a student		52	Not a student	
a What school does the child attend?	5		29			53		
 Can you provide documentation showing that the child was a full-time student for at least 5 months? The school records need to show the dates of attendance. Months don't have to be consecutive 	6		30			54		
2 Children with a permanent and total disability	7	Not disabled	31	Not disabled		55	Not disabled	
a What type of disability does the child have?	8		32	I		56		
b Does the child receive SSI or other disability payments?	9		33			57		
c Do you have a letter from the child's doctor, other healthcare provider, or any social service program		-					,	
or agency verifying that the child is permanently and totally disabled?	10		34			58		
Relationship - Qualifying Child (complete only if relation	nship i	is other than so	n or daught	er)		1		
For relationships with children other than son or daughter, the	e follow	ving additional info	ormation and	documentation sh	ould be a	availabl	e:	
1 If the biological parent is NOT living with the child, where is the parent? Mother	11		35	35		59		
Father	12		36	36		60		
2 Adopted children:	1		L					
a Is the adoption final or pending?	13	3		37		61		
b If the adoption is pending, do you have a letter from an authorized adoption agency?	14		38			62		
3 Foster children:		I	I			1		
a Do you have a letter from the authorized placement agency or applicable court document?	15		39			63		
4 Brother, sister, niece, nephew, grandchildren, great-grand	lchildre	n:						
a Can you provide a birth certificate that verifies your relationship to the child?	16		40			64		
5 Stepchildren or descendent of them, step-grandchildren,	step-gr	eat-grandchildrer	ו:					
a Can you provide a birth certificate & marriage certificate verifying your relationship to the child?	17		41			65		
Residency - Qualifying Child	_							
Can you provide any of the following documentation to prove that your child lived with you for more than half	18	School records	42	School records	;	66	School records	
of the year? More than one type of documentation may be required by the IRS.	19	Medical records	43	Medical record	s	67	Medical records	;
The letter must be on official letterhead from one of the following: school medical provider social service	20	Letter	44	Letter*		68	Letter*	
agency, place of worship, or other acceptable entity. The letter must include the name of the child, name of the	21	Social service re	ecords 45	Social service	records	69	Social service re	ecords
child's parent or guardian, child's address, and dates during the year child lived with taxpayer.	22	Daycare records	s ⁴⁶	Daycare record	ls	70	Daycare record	S
	Daycare provider		D	Daycare provider		Daycare provider		
	23		47			71		
Adjusted Gross Income - Qualifying Child	_1		1			1		
If you are not a parent of the qualifying child, is your AGI higher than any parent of the child?	24		48			72		
· · · · · · · · · · · · · · · · · · ·	•		1					

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PART 2 - COPIES OF DOCUMENTATION REQUIRED

Please provide photocopies of documentaton for each qualifying child to prove that your child lived with you for more than half of the year. More than one type of documentation may be required by the IRS. Possibilities include school records, medical records, social service records or daycare records. A letter may be provided as well, but it must be on official letterhead from the one of the following: school, medical provider, social service agency, place of worship, or other acceptable entity. The letter must include the name of the child, name of the child's parent or guardian, child's address, and dates during the year child lived with taxpayer.

PART 3 - COMPLETE THIS QUESTIONNAIRE FOR EACH QUALIFYING CHILD

QUALIFYING CHILD SSN	-
QUALIFYING CHILD FIRST NAME	-
QUALIFYING CHILD LAST NAME	-
1. DOES THE CHILD RESIDE WITH YOU?]
IF NO, IS THERE AN ACTIVE FORM 8332, RELEASE/REVOCATION OF CLAIM TO EXEMPTION FOR CHILD BY CUSTODIAL PARENT, OR A SIMILAR STATEMENT IN PLACE AND, IF APPLICABLE PLEASE PROVIDE COPY TO THE TAX PREPARER.	
2. WHAT SCHOOL DID YOUR CHILD ATTEND?	
3. WHERE DOES YOUR CHILD LIVE?	
4. IF YOU ARE NOT MARRIED, DOES THE CHILD LIVE WITH THE OTHER PARENT?	
5. IF SEPARATED OR DIVORCED, WHAT DOES YOUR SEPARATION/DIVORCE AGREEMENT STATE REGARDING WHO CLAIMS THE CHILD?	
6. DID THE CHILD PAY FOR HIS/HER OWN SUPPORT DURING THE YEAR, SUCH AS FOOD, RENT, ETC.?]
7. WHAT IS THE CHILD'S BIRTHDATE?]
8. IS YOUR CHILD MARRIED AND FILING JOINT?	
9. DOES YOUR CHILD HAVE A VALID SOCIAL SECURITY NUMBER?	
10. IS YOUR CHILD DISABLED?	
IF YES, WHAT TYPE OF DISABILITY DOES THE CHILD HAVE?	
IF YES, DOES THE CHILD RECEIVE SSI OR OTHER DISABILITY PAYMENTS?	
IF YES, DO YOU HAVE A LITTER FROM THE CHILD'S DOCTOR OR HEALTHCARE PROVIDER STATING THAT THE CHILD IS PERMANENTLY AND TOTALLY DISABLED?	
11. IF THE CHILD IS NOT YOUR SON OR DAUGHTER, DOES THE CHILD'S BIOLOGICAL PARENTS LIVE WITH THE CHILD? IF NO, WHERE ARE THE BIOLOGICAL PARENTS?]

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