

Disclaimer and Verification of Dependents

- The Child Tax Credit is up to \$2,000. The Credit for Other Dependents is worth up to \$500.
- The IRS defines a dependent as a qualifying child (under age 19 or under 24 if a full-time student, or any age if permanently and totally disabled) **or** a qualifying relative.
- A qualifying dependent can have income but cannot provide more than half of their own annual support.
- A taxpayer can't claim a dependent if they are a dependent themselves, if the dependent files a joint tax return with a spouse (except in certain cases), or is claimed as a dependent on someone else's tax return.

- **Are they related to you?** The child can be your son, daughter, stepchild, eligible foster child, brother, sister, half brother, half sister, stepbrother, stepsister, adopted child or an offspring of any of them.
- **Do they meet the age requirement?** Your child must be under age 19 or, if a full-time student, under age 24. There's no age limit if your child is permanently and totally disabled.
- **Do they live with you?** Your child must live with you for more than half the year, but several exceptions apply.
- **Do you financially support them?** Your child may have a job, but they cannot provide more than half of their own support.

I verify that I have the full right to claim the following dependents:

Signed by: _____

Date: _____

Print Name: _____





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DEPENDENT INFORMATION (If Applicable):

Dependent #1 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

Relationship: _____

☐ Student ☐ Disabled ☐ Dependent worked ☐ Deceased ☐ Daycare

Daycare Fee Total \$ _____

Dependent #2 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

Relationship: _____

☐ Student ☐ Disabled ☐ Dependent worked ☐ Deceased ☐ Daycare

Daycare Fee Total \$ _____

Dependent #3 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

Relationship: _____

☐ Student ☐ Disabled ☐ Dependent worked ☐ Deceased ☐ Daycare

Daycare Fee Total \$ _____

Dependent #4 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

Relationship: _____

☐ Student ☐ Disabled ☐ Dependent worked ☐ Deceased ☐ Daycare

Daycare Fee Total \$ _____