EIC Due Diligence Assistant

(Keep for your records)

2016

Name(s) as shown on return

Tax ID Number

Part III Taxpayers Without a Qualifying Child

17 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period.) ☐ **Yes** ☐ **No**

► If you checked **"No"** on line 17, **stop;** the taxpayer **cannot** take the EIC. Otherwise, continue.

18 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2016? . . . . . ☐ **Yes** ☐ **No**

► If you checked **"No"** on line 18, **stop;** the taxpayer **cannot** take the EIC. Otherwise, continue.

19 Is the taxpayer eligible to be claimed as a dependent on anyone else's federal income tax return for 2016? If the taxpayer's filing status is married filing jointly, check **"No".** . . . . . ☐ **Yes** ☐ **No**

► If you checked **"Yes"** on line 19, **stop;** the taxpayer **cannot** take the EIC. Otherwise, continue.

20 Are the taxpayer's **earned income** and **adjusted gross income** each less than the limit that applies to the taxpayer for 2016? . . . . . ☐ **Yes** ☐ **No**

► If you checked **"No"** on line 20, **stop;** the taxpayer **cannot** take the EIC. If you checked "**Yes"** on line 20, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if **Form 8862** must be filed.

Part IV Documents Provided to You

21 Identify below any document that the taxpayer provided to you and that you relied on to determine the taxpayer's EIC eligibility. Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no qualifying child, check box a. If there is no disabled child, check box o.

Residency of Qualifying Child(ren)

- ☐ **a** No qualifying child
- ☐ **b** School records or statement
- ☐ **c** Landlord or property management statement
- ☐ **d** Health care provider statement
- ☐ **e** Medical records
- ☐ **f** Child care provider records
- ☐ **g** Placement agency statement
- ☐ **h** Social service records or statement
- ☐ **i** Place of worship statement
- ☐ **j** Indian tribal official statement
- ☐ **k** Employer statement
- ☐ **l** Other (specify) ▼
- ☐ **m** Did not rely on any documents, but made notes in file
- ☐ **n** Did not rely on any documents

Disability of Qualifying Child(ren)

- ☐ **o** No disabled child
- ☐ **p** Doctor statement
- ☐ **q** Other health care provider statement
- ☐ **r** Social services agency or program statement
- ☐ **s** Other (specify) ▼
- ☐ **t** Did not rely on any documents, but made notes in file
- ☐ **u** Did not rely on any documents

Your signature	Date	Spouse's signature. If joint return, BOTH must sign.	Date
Paid preparer's signature	Date		