

EIC Due Diligence Assistant

(Keep for your records)

2017

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.) ▶ If you checked " No " on line 17, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2017? ▶ If you checked " No " on line 18, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Is the taxpayer eligible to be claimed as a dependent on anyone else's federal income tax return for 2017? If the taxpayer's filing status is married filing jointly, check " No ". ▶ If you checked " Yes " on line 19, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input type="checkbox"/> No
20 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2017? ▶ 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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)

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

Disability of Qualifying Child(ren)

- | | |
|---|---|
| <input type="checkbox"/> o No disabled child | <input type="checkbox"/> s Other (specify) ▼ |
| <input type="checkbox"/> p Doctor statement | _____ |
| <input type="checkbox"/> q Other health care provider statement | _____ |
| <input type="checkbox"/> r Social services agency or program statement | <input type="checkbox"/> t Did not rely on any documents, but made notes in file |
| | <input type="checkbox"/> 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		