

SMART FINANCIAL SERVICES, LLC

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DEPENDENT(S) CHILDREN & OTHER QUALIFYING INDIVIDUALS

1. Full Name (First, Middle Initial(s), Last): _____

DOB: _____ SSN: _____ Relationship: _____ Dependent lived with taxpayer for _____ Months

Why is the other legal parent/guardian not claiming the dependent? _____

(If this dependent is not your child) Why is the dependent not being claimed by a parent? _____

2. Full Name (First, Middle Initial(s), Last): _____

DOB: _____ SSN: _____ Relationship: _____ Dependent lived with taxpayer for _____ Months

Why is the other legal parent/guardian not claiming the dependent? _____

(If this dependent is not your child) Why is the dependent not being claimed by a parent? _____

3. Full Name (First, Middle Initial(s), Last): _____

DOB: _____ SSN: _____ Relationship: _____ Dependent lived with taxpayer for _____ Months

Why is the other legal parent/guardian not claiming the dependent? _____

(If this dependent is not your child) Why is the dependent not being claimed by a parent? _____

4. Full Name (First, Middle Initial(s), Last): _____

DOB: _____ SSN: _____ Relationship: _____ Dependent lived with taxpayer for _____ Months

Why is the other legal parent/guardian not claiming the dependent? _____

(If this dependent is not your child) Why is the dependent not being claimed by a parent? _____

Taxpayer Name (Printed): _____ Taxpayer SSN: _____

Taxpayer Signature: _____ Date: _____

ATTENTION: DUE TO FEDERAL TAX LAWS, DEPENDENTS MUST LIVE WITH THE TAXPAYER FOR OVER 6 MONTHS OR AUTHORIZED BY THE COURT, IN ORDER FOR THE TAXPAYER TO RECEIVE EARN INCOME CREDIT. IF YOUR DEPENDENT DOES NOT SHARE THE SAME LAST NAME WITH YOU, YOU MUST PROVIDE A COPY OF THE DEPENDENT'S BIRTH CERTIFICATE OR HOW YOU AND THE DEPENDENT ARE RELATED. IF IT IS BY LAW PLEASE PROVIDE ALL DOCUMENTS. PLEASE FOLLOW-UP WITH YOUR TAX PREPARER FOR MORE INFORMATION.