

2025 TAX CREDITS

The IRS has set a high standard of documentation that is now required for those claiming the Earned Income Tax Credit (EITC), Child Tax Credit (CTC), Additional Child Tax Credit (ACTC), the American Opportunity Tax Credit (AOTC), or when filing Head of Household (HOH).

If you are seeking to claim any of these credits, please **circle** all that apply, and upload to Secure File.

1. Are all your dependents citizens of the US?
YES NO
2. Did any dependents you are claiming pay for their own support during the year, such as food, rent, etc.?
YES NO
3. In order to claim certain credits such as CTC, you as the taxpayer must have lived with the dependent(s) for more than half of the year. Did you live with the dependent(s) for more than half the year, except if they were away at college?
YES NO
4. Have you this year, or in a previous year uploaded to Secure File Pro, copies of the birth certificates and social security cards of every dependent being claimed on your return?
YES NO
5. Could any other person qualify to claim any of your dependents?
YES NO
If yes, what is the child's relationship to the other person?
6. If you normally live outside the US, how many days were you **outside** of the **US** during 2025?
DOESN'T APPLY DAYS OUTSIDE US:
7. Were any of these tax credits disallowed or reduced in a previous year?
YES NO
8. Are any of your dependents over age 18 and under age 24 and a college student?
YES NO
9. What school did your dependent(s) attend?
10. The AOTC for college tuition can only be taken four times for each dependent. Please indicate how many years this credit has been taken on prior returns and note whether they were a full time student:

2025 is First YEAR	1YEAR	2YEARS	3YEARS	4YEARS
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11. If you could also please provide at least **one** other document you may have such as medical records, adoption papers, school records, health provider statements, employer statements, etc. that would help verify the residency of your dependents. Please upload those to Secure File as well.

STUDENT (S)
NAME:

DOESN'T APPLY DON'T KNOW

Name of person who completed this questionnaire:

Date:

