

YOUR NAME \_\_\_\_\_ TAX YEAR 2022

OTHER DEPENDENT \_\_\_\_\_

886-

OTHER DEPENDENT

<b>Please answer the questions below and sign the bottom of the form</b>	
What is the other dependents relationship to you?	
Was the other dependent a child who was age 17 or older and not a full time student?	YES NO
Did the other dependent have a gross income of less than <b>\$4400 in 2022?</b> )This does not include non-taxable income such as welfare benefits or nontaxable Social Security), or was the person permanently or totally disabled ?	YES NO
Did the you provide over half of the other dependent support for <b>2022</b> ?	YES NO
Is the other dependent filing a joint return?	YES NO
Was the other dependent a citizen, national or resident alien of the U.S.?	YES NO
Does the other dependent have a valid social security number or ITIN?	YES NO
Did the other dependent live with you for more than half of <b>2022</b> (including any temporary absences)?	YES NO
Can another person claim the dependent ?	YES NO
<b>Additional questions</b>	
What dates did the other dependent live with you?	
Other information that may be helpful to determine whether you can claim the other dependent.	

#### Documentation needed

- \_\_\_\_ Birth Certificate or Social Security Card
- \_\_\_\_ Dependent Support worksheet
- \_\_\_\_ Proof of residency

SIGNATURE & DATE \_\_\_\_\_

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