

## Personal Data

|  |       |  |                 |
|--|-------|--|-----------------|
| Taxpayer Name  |       | SSN  |                 |
| Spouse's Name  |       | SSN  |                 |
| Address  |       | Apt no.  |                 |
| City   | State | ZIP  |                 |
| County   |       | School District  |                 |
| Foreign Address  |       | Foreign City   |                 |
| Foreign State/Province   |       | Foreign Postal Code  | Foreign Country |
| Taxpayer Date of Birth   |       | Spouse Date of Birth   |                 |
| Occupation   |       | Occupation   |                 |
| Daytime phone:   | Ext:  | Daytime phone:   | Ext:            |
| Evening phone:   | Ext:  | Evening phone:   | Ext:            |
| Cell:  |       | Cell:  |                 |
| E-mail   |       | E-mail   |                 |
| <input type="checkbox"/> Full time student <input type="checkbox"/> Blind <input type="checkbox"/> Active military |       | <input type="checkbox"/> Full time student <input type="checkbox"/> Blind <input type="checkbox"/> Active military |                 |
| Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>                             |       | Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>                   |                 |

|  |                                  |
|--|----------------------------------|
| Date and time of this year's appointment | Economic Recovery Payment Amount |
|--|----------------------------------|

### Income Taxes Paid

| Federal                     | 2011 estimate date due | 2010 est amount | Amount paid | Date paid | Check no. |
|-----------------------------|------------------------|-----------------|-------------|-----------|-----------|
| 2010 Refund                 | April 15, 2011         |                 |             |           |           |
| 2010 Refund applied to 2011 | June 15, 2011          |                 |             |           |           |
| 2010 Balance Due            | Sept. 15, 2011         |                 |             |           |           |
|                             | Jan. 18, 2012          |                 |             |           |           |
| Amount paid                 | Date paid              | Check no.       | Amount paid | Date paid | Check no. |
| Additional payments made    |                        |                 |             |           |           |

| Resident State              | 2011 estimate date due | 2011 est amount | Amount paid | Date paid | Check no. |
|-----------------------------|------------------------|-----------------|-------------|-----------|-----------|
| 2010 Refund                 | April 15, 2011         |                 |             |           |           |
| 2010 Refund applied to 2011 | June 15, 2011          |                 |             |           |           |
| 2010 Balance Due            | Sept. 15, 2011         |                 |             |           |           |
|                             | Jan. 18, 2012          |                 |             |           |           |
| Amount paid                 | Date paid              | Check no.       | Amount paid | Date paid | Check no. |
| Additional payments made    |                        |                 |             |           |           |

| Local                       | 2011 estimate date due | 2010 est amount | Amount paid | Date paid | Check no. |
|-----------------------------|------------------------|-----------------|-------------|-----------|-----------|
| 2010 Refund                 | April 15, 2011         |                 |             |           |           |
| 2010 Refund applied to 2011 | June 15, 2011          |                 |             |           |           |
| 2010 Balance Due            | Sept. 15, 2011         |                 |             |           |           |
|                             | Jan. 18, 2012          |                 |             |           |           |
| Amount paid                 | Date paid              | Check no.       | Amount paid | Date paid | Check no. |
| Additional payments made    |                        |                 |             |           |           |

## Dependents

| Name:   |  | SSN:   |  |                                 |             |
|---|--|--|--|---------------------------------|-------------|
| First name/MI   |  | Last name  |  | Suffix                          |             |
| SSN/ITIN  |  | Relationship   |  | Number of months lived with you |             |
| DOB   |  | Is this dependent a minor child with income over \$950? <input type="checkbox"/> |  | <b>2011</b>                     | <b>2010</b> |
| Child Care Credit - qualifying expenses incurred and paid in 2010                       |  |  |  |                                 |             |
| Child Care Credit - portion of qualifying expenses provided by employer                 |  |  |  |                                 |             |
| Education Credits - current year qualifying expenses if in first 4 years of college     |  |  |  |                                 |             |
| Education Credits - current year qualifying expenses if NOT in first 4 years of college |  |  |  |                                 |             |
| First name/MI   |  | Last name  |  | Suffix                          |             |
| SSN/ITIN  |  | Relationship   |  | Number of months lived with you |             |
| DOB   |  | Is this dependent a minor child with income over \$950? <input type="checkbox"/> |  | <b>2011</b>                     | <b>2010</b> |
| Child Care Credit - qualifying expenses incurred and paid in 2010                       |  |  |  |                                 |             |
| Child Care Credit - portion of qualifying expenses provided by employer                 |  |  |  |                                 |             |
| Education Credits - current year qualifying expenses if in first 4 years of college     |  |  |  |                                 |             |
| Education Credits - current year qualifying expenses if NOT in first 4 years of college |  |  |  |                                 |             |
| First name/MI   |  | Last name  |  | Suffix                          |             |
| SSN/ITIN  |  | Relationship   |  | Number of months lived with you |             |
| DOB   |  | Is this dependent a minor child with income over \$950? <input type="checkbox"/> |  | <b>2011</b>                     | <b>2010</b> |
| Child Care Credit - qualifying expenses incurred and paid in 2011                       |  |  |  |                                 |             |
| Child Care Credit - portion of qualifying expenses provided by employer                 |  |  |  |                                 |             |
| Education Credits - current year qualifying expenses if in first 4 years of college     |  |  |  |                                 |             |
| Education Credits - current year qualifying expenses if NOT in first 4 years of college |  |  |  |                                 |             |
| First name/MI   |  | Last name  |  | Suffix                          |             |
| SSN/ITIN  |  | Relationship   |  | Number of months lived with you |             |
| DOB   |  | Is this dependent a minor child with income over \$950? <input type="checkbox"/> |  | <b>2011</b>                     | <b>2010</b> |
| Child Care Credit - qualifying expenses incurred and paid in 2011                       |  |  |  |                                 |             |
| Child Care Credit - portion of qualifying expenses provided by employer                 |  |  |  |                                 |             |
| Education Credits - current year qualifying expenses if in first 4 years of college     |  |  |  |                                 |             |
| Education Credits - current year qualifying expenses if NOT in first 4 years of college |  |  |  |                                 |             |

## Child & Dependent Care

**Name:**

**SSN:**

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2011

Amount Paid in 2010

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2011

Amount Paid in 2010

Child Care Provider's Social Security Number or Employer ID Number

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Provider's Phone

Amount Paid in 2011

Amount Paid in 2010

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2011

Amount Paid in 2010

## Miscellaneous Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

| Yes                      | No                       | General Information   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were there any changes to your filing status or number of dependents during 2011?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Can you or your spouse be claimed as a dependent by someone else?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur any childcare expenses?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you have a change in residence or job location during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you move during 2011? From where? _____ Date of move _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you reside in more than one state during 2011? If yes, which states? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Would you like a copy of your tax return sent to you via email?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you receive an Economic Recovery Payment in 2011 from social security benefits, supplemental security income, or pension benefits? |

| Yes                      | No                       | Income Information  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you received all W-2s from all employers? How many W-2s are attached? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did you use your vehicle on the job other than for commuting to work?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you work out of town at any time during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?    |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Did you have any income from, or pay taxes to, a foreign country?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Did you engage in any bartering transactions during 2011?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Did you surrender any U.S. Savings Bonds during 2011?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Did you receive any state or local income tax refunds from prior years?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you or your spouse have any IRA accounts?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Did you recharacterize any IRAs this year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Did you receive any type of prize, award, or gambling winnings during 2011?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Did you receive any income not shown in this organizer? If so, please list. _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Does anyone owe you money that has become uncollectible?  |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

## Miscellaneous Information

**Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Yes No**

### Business Information

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you start a new business or purchase any rental property during 2011?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you own rental property? What percentage of time did you spend managing your rentals? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?   |

**Yes No**

### Other Information

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were any tuition costs paid during 2011 (even if classes were attended in another year)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did anyone in your household attend higher education classes in 2011?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur a loss due to damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. If yes to question 4, was the First-Time Homebuyer Credit taken on the home.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you purchase, sell, or refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. If yes to question 6, was the First-Time Homebuyer Credit taken on the home?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you purchase a home that you used as a principal residence? If yes, please provide closing documentation.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you make any gifts to any one person in 2011 in excess of \$13,000? If so, are you splitting this gift with your spouse?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?   |

**To itemize deductions, bring receipts and documentation for these types of expenses:**

- Prescriptions, first-aid
- State/local income taxes
- Mortgage interest
- Tax preparation fees
- Gambling losses (up to amount of winnings)
- Cash donations to charity (provide all receipts)
- Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
- Real estate and personal property taxes paid in 2011
- Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
- Fair market value of property donated to charity
- Purchase price of new goods donated or used in volunteer work

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Miscellaneous Information

Name:

SSN:

### Information to bring to your appointment:

Driver's license & social security card (for identity verification)

Copy of your 2010 income tax return (for comparison and review for all includible information)

Preprinted IRS label received

Original W-2s and other statements of income received from employers

1099s and other statements reporting interest/dividend/miscellaneous income

Records of other income received (tips, self-employment, SSI, combined bank reporting statements)

Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Preparer Notes

Miscellaneous Notes (These will update to next year.)

## Itemized Deductions

Name:

SSN:

| MEDICAL and DENTAL                               | 2011 | 2010 | GIFTS TO CHARITY (attach receipts)       | 2011 | 2010 |
|--|------|------|--|------|------|
| Health insurance premiums                        |      |      | Total gifts by cash or check             |      |      |
| Long term care premiums                          |      |      | 30% limitation                           |      |      |
| Number of Medical miles                          |      |      | Charitable miles                         |      |      |
| Other medical and dental expenses (list):        |      |      | Other than by cash or check              |      |      |
|  |      |      | Carryover from prior year subject to:    |      |      |
|  |      |      | 50% limitation                           |      |      |
|  |      |      | 30% limitation                           |      |      |
|  |      |      | 30% limitation capital gain property     |      |      |
|  |      |      | 20% limitation                           |      |      |
|  |      |      | <b>JOB EXPENSES (list):</b>              |      |      |
|  |      |      | Unreimbursed employee expenses           |      |      |
|  |      |      |  |      |      |
| <b>TAXES YOU PAID</b>                            |      |      |  |      |      |
| State and local income taxes                     |      |      |  |      |      |
| Sales tax  |      |      |  |      |      |
| Real estate taxes                                |      |      |  |      |      |
| Taxes that qualify for State Property Tax Credit |      |      |  |      |      |
|  |      |      |  |      |      |
| Total taxes paid in 2011                         |      |      | Tax preparation fees                     |      |      |
| Tax on first \$49,500 of purchase price          |      |      | OTHER EXPENSE (list):                    |      |      |
| Personal property taxes                          |      |      |  |      |      |
| Other taxes (list):                              |      |      |  |      |      |
|  |      |      |  |      |      |
|  |      |      |  |      |      |
| <b>INTEREST YOU PAID</b>                         |      |      | <b>MISCELLANEOUS DEDUCTIONS</b>          |      |      |
| Home mort. int. & points on Form 1098            |      |      | Other deductions not subject to 2% limit |      |      |
| Home mort. int. not on Form 1098                 |      |      |  |      |      |
|  |      |      |  |      |      |
| Address:   |      |      |  |      |      |
| SSN/EIN:   |      |      |  |      |      |
| Points not reported on Form 1098                 |      |      |  |      |      |
| Qualified mortgage insurance premiums            |      |      |  |      |      |
| Investment interest                              |      |      |  |      |      |

## Child & Dependent Care

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Child Care Provider's Social Security Number or Employer ID Number \_\_\_\_\_

Child Care Provider's Name \_\_\_\_\_

Child Care Provider's Address \_\_\_\_\_

Child Care Provider's City State Zip \_\_\_\_\_

Child Care  
Provider's Phone \_\_\_\_\_

Amount Paid in 2011 \_\_\_\_\_

Amount Paid in 2010 \_\_\_\_\_

Child Care Provider's Social Security Number or Employer ID Number \_\_\_\_\_

Child Care Provider's Name \_\_\_\_\_

Child Care Provider's Address \_\_\_\_\_

Child Care Provider's City State Zip \_\_\_\_\_

Child Care  
Provider's Phone \_\_\_\_\_

Amount Paid in 2011 \_\_\_\_\_

Amount Paid in 2010 \_\_\_\_\_

Child Care Provider's Social Security Number or Employer ID Number \_\_\_\_\_

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Provider's Phone \_\_\_\_\_

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Amount Paid in 2011 \_\_\_\_\_

Amount Paid in 2010 \_\_\_\_\_

Child Care Provider's Social Security Number or Employer ID Number \_\_\_\_\_

Child Care Provider's Name \_\_\_\_\_

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Child Care Provider's City State Zip \_\_\_\_\_

Child Care  
Provider's Phone \_\_\_\_\_

Amount Paid in 2011 \_\_\_\_\_

Amount Paid in 2010 \_\_\_\_\_

**Earned Income Credit Due Diligence**

**2011**

(Keep for your records)

Name(s) as shown on return

Your social security number

**Filing Status - Head of Household**

The IRS could require additional information/documentation if you are divorced, legally separated, or married and did not reside with your spouse the last 6 months of the year to determine if you qualify for the head of household filing status.

**1. Marital status:**

- Never married
- Spouse deceased
- Divorced, separated or spouse deceased
- Married but lived apart from spouse during the last 6 months of the year
- Separation agreement

**2. If you are divorced or legally separated, can you provide the IRS with any of the following documents?**

- Divorce decree
- Separate maintenance agreement or separation agreement

**3. If you are married but did not reside with your spouse for the last 6 months of the tax year, can you provide the IRS with any of the supporting documents verifying that your spouse did not live with you?**

- Not applicable
- Lease agreement
- Utility bills
- Letter for a clergy member
- Letter from social services
- Other supporting documentation

If so, what type of documentation? \_\_\_\_\_

**4. Can you provide the IRS with receipts and bills substantiating the cost of maintaining more than half of the cost of the home? Documentation that the IRS requires to substantiate the cost of maintaining the home includes:**

- Utility bills
- Property tax bills
- Grocery receipts
- Rent receipts or mortgage interest statement
- Maintenance and repair bills
- Other household bills

**5. Did you receive any non-taxable support/income?**

- Family support
- Food stamps
- Housing assistance
- Childcare assistance
- Other \_\_\_\_\_

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

Earned Income Credit Due Diligence

2011

(Keep for your records)

Name(s) as shown on return

Your social security number

Age - Qualifying Child (complete only if qualifying child is over age 18)

For children over age 18 who are students or permanently and totally disabled, the following additional information and documentation should be available:

1. Children who are students
a. What school does the child attend?
b. Can you provide documentation showing that the child was a full-time student for at least 5 months?
2. Children with a permanent and total disability
a. What type of disability does the child have?
b. Does the child receive SSI or other disability payments?
c. Do you have a letter from the child's doctor, other healthcare provider, or any social service program or agency verifying that the child is permanently and totally disabled?

Relationship - Qualifying Child (complete only if relationship is other than son or daughter)

For relationships with children other than son or daughter, the following additional information and documentation should be available:

1. If the biological parent is NOT living with the child, where is the parent?
2. Adopted children:
a. Is the adoption final or pending?
b. If the adoption is pending, do you have a letter from an authorized adoption agency?
3. Foster children:
a. Do you have a letter from the authorized placement agency or applicable court document?
4. Brother, sister, niece, nephew, grandchild, great-grandchild:
a. Can you provide a birth certificate that verifies your relationship to the child?
5. Stepchildren or descendent of them, step-grandchildren, step-great-grandchildren:
a. Can you provide a birth certificate & marriage certificate verifying the relationship to the child?

Residency - Qualifying Child

Can you provide any of the following documentation to prove that your child lived with you for more than half of the year? More than one type of documentation may be required by the IRS.

Child 1, Child 2, Child 3
School records
Medical records
Letter\*
Social service records
Daycare records
Daycare provider

\*The letter must be on official letterhead from one of the following: school, medical provider, social service agency, place of worship, or other acceptable entity. The letter must include the name of the child, name of the child's parent or guardian, child's address, and dates during the year child lived with taxpayer.

Adjusted Gross Income - Qualifying Child

For tax years beginning after December 31, 2009 a taxpayer other than the parents of a qualifying child can claim the child, but only if the adjusted gross income (AGI) of the taxpayer is higher than the AGI of any parent of the child. If you are not a parent of the qualifying child, is your AGI higher than any parent of the child?

Child 1, Child 2, Child 3
Your signature, Date, Spouse's signature, Date, Paid preparer's signature, Date