FORM 8867 – VERIFICATION STATEMENT

DO YOU CERTIFY THAT THE FOLLOWING DEPENDENTS:

NAME: _____ SSN: _____

NAME: _____ SSN: _____

NAME: _____ SSN: _____

NAME: _____ SSN: _____

NAME: _____ SSN: _____

☐ IS/ARE YOUR SON(S), DAUGHTER(S), STEPCHILD(REN), BROTHER(S), SISTER(S)

☐ LIVED WITH YOU MORE THAN ONE-HALF OF _____(*year*)

☐ UNDER AGE 17 AT END OF YEAR (12/31)

☐ YOU PROVIDED MORE THAN ONE-HALF HIS/HER/THEIR SUPPORT

☐ HE/SHE/THEY DOES/DO NOT FILE A JOINT RETURN WITH ANOTHER PERSON

☐ HE/SHE/THEY IS/ARE A US CITIZEN(S)

<u>DOCUMENTS:</u>

SOCIAL SECURITY CARDS _____

MEDICAL RECORDS _____

SCHOOL RECORDS _____

CHILD CARE DOCUMENTS _____

OTHER _____

☐ INFORMATION PROVIDED IN PREVIOUS YEAR(S) HAS NOT CHANGED

UNDER PENALTIES OF PERJURY I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____ _____

SIGNATURE DATE

_____

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