

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), RESIDENT OR NATIONAL
- YES NO — IRS DISALLOWED/REDUCED THIS CREDIT IN PREVIOUS YEARS

SUPPORTING DOCUMENTS:

- SOCIAL SECURITY CARDS _____
- BIRTH CERTIFICATE _____
- 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
