

**PROOF OF CHILD RESIDENCY
FOR EARNED INCOME CREDIT**

PART 1: (to be completed by taxpayer)

Taxpayer Name _____

Spouse Name _____

Taxpayer SSN _____

Spouse SSN _____

PART 2: (to be completed by third party only)

1. Please check one box only that best describes your relationship to the taxpayer

- | | |
|---|---|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Health-care provider |
| <input type="checkbox"/> Childcare provider | <input type="checkbox"/> Landlord or property manager |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Law enforcement officer |
| <input type="checkbox"/> Employer | <input type="checkbox"/> School official |
| <input type="checkbox"/> Court or placement agency official | <input type="checkbox"/> Indian tribal official |

Other *: If you marked "Other", please answer these 2 questions:

1. What is your relationship to the taxpayer? _____

2. How do you know the child(ren) lived with the taxpayer? _____

2. **Child's Name** – Enter the name of the child who lived with the taxpayer:

Child 1 (first and last name): _____

Child 2 (first and last name): _____

Child 3 (first and last name): _____

3. **Address** – The child(ren) lived with a taxpayer (or both taxpayers) named in Part 1 at the following address:

4. **Start Date** – This affidavit covers the time period in 2016 during which the child(ren) lived with a taxpayer (or both taxpayers) named in Part 1. Check the box that applies:

The child(ren) began living with the taxpayer before 2016.

The child(ren) began living with the taxpayer on _____ 2016.

5. **End Date** – Check the box that applies:

The child(ren) has lived with the taxpayer at the above address since the start date.

The child(ren) lived with the taxpayer at the above address until _____ 2016.

Based on my records or personal knowledge, I certify that the child(ren) named in Part 2 lived with the taxpayer(s) named in Part 1 at the address shown above during the period of time shown. Under penalties of perjury, I declare that I have examined this affidavit, and to the best of my knowledge and belief, it is true, correct, and complete.

Third Party

Sign Here _____ **Date** _____

Print Your
Name _____ Title (if any) _____

Name of Organization (if any) _____

Address _____

Phone Number _____