

**TAX CLAIMANT QUESTIONNAIRE**

Client's Name (Last, First, M.I.) \_\_\_\_\_ Client ID No \_\_\_\_\_

Child Care Specialist's Name: \_\_\_\_\_ Child Care Specialist's Phone Number: \_\_\_\_\_

**INSTRUCTIONS:** Complete the Tax Claimant Questionnaire below. By completing this form and signing the Tax Claimant Declaration on the second page, you are telling the DCC the tax claimant status of any adult relatives living with you or that no other adults live in your household. Completing this questionnaire helps determine whether any relatives living with you must be included in your family size, and have their income counted, based on their intent to claim you or your family members (your spouse, your children, or the other parent of your children who lives with you, or the children of the other parent) as dependents when filing their federal or state income tax return.

**THE INFORMATION YOU PROVIDE IS FOR  
DEPARTMENT OF ECONOMIC SECURITY USE ONLY.**

1. Are you the natural, step, or adoptive parent of the child(ren) needing child care?      Yes      No

When the answer is **NO**, you are **NOT** required to complete the remainder of the **Tax Claimant Questionnaire or the Declaration**.

When the answer is **YES**, continue to question **#2**.

2. Are there any **other adult relatives living with you?** (other than your spouse)      Yes      No

When the answer is **NO**, you are **NOT** required to complete the remainder of the **Tax Claimant Questionnaire**. **You must complete and sign Section A** of the **Tax Claimant Declaration** on Page 2 of this form.

When the answer is **YES**, continue to question **#3**.

3. Do any of the adult relatives **living with you** intend to claim you, your child(ren), your spouse, (or the other parent of your children), the children of your spouse, or the other parent from a prior relationship as dependents on their state or federal income tax return (when they file their taxes in the **next calendar year**)?      Yes      No

When the answer is **NO**, you **MUST complete and sign Section A** of the **Tax Claimant Declaration** on Page 2 of this form to declare that no adult relative living in your home intends to claim you or any of your family members as dependents on their state or federal income tax return (when they file their taxes in the next calendar year).\*

When the answer is **YES**, you and the adult relative who intends to claim you or your family member as a dependent **MUST complete and sign Section B** of the **Tax Claimant Declaration** on Page 2 and page 3 of this form and return it to your DES Child Care Specialist.

**Note: When a relative intends to claim you or your family member as a tax dependent, you are required to provide verification of your relative's and their spouse's current income.**

**\*IMPORTANT:** The Department of Economic Security, Division of Child Care cannot advise you or your family whether a relative may claim a member of your family as a dependent for income tax purposes. If you need help finding out if a relative who lives with you may be able to claim you or any of your family members as dependents for income tax purposes, the Department of Economic Security recommends that you seek help through the U.S. Internal Revenue Service at [www.irs.gov](http://www.irs.gov) and the Arizona Department of Revenue at [www.azdor.gov](http://www.azdor.gov) or consult a tax professional before making this decision.

## TAX CLAIMANT DECLARATION

**SECTION A:** You must complete and sign this section only when a relative (age 18 years or older) living with you **does not** intend to claim you, your child(ren), your spouse (or the other parent of your children), the children of your spouse, or the other parent as dependents on the relative's state or federal income tax return for the current year (when they file their taxes in the next calendar year). Alternatively, there are no other adults, besides you, your spouse, or other parent living in the household.

I (*Print Client's Name*) \_\_\_\_\_ declare that:

No adult relative living in my home intends to claim me, my children, my spouse, or the other parent of my children, or the children of the other parent as dependents on their state or federal income tax return for the current tax year (when they file their taxes in the next calendar year), or that no other adult lives in my home.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION B:** You must complete and sign this section when ANY relative age 18 years or older living with you intends to claim you or any of your family members as dependents on their state or federal income tax return for the current year (when they file their taxes in the next calendar year). The DCC verifies and counts the income of the relative and their spouse when making your Child Care Assistance eligibility determination.

You or your family members means the following persons who live in your home:

- Yourself
- Your child(ren) under age 18
- Your spouse or other parent of your children
- The children of your spouse or other parent from a prior relationship

**1.** List the names of all adults living in your home who are related you, your child(ren), or your spouse or the other parent of your children.

**2.** State the relationship of each adult you listed in **1** to each family member who lives with you:

Name	Date of birth	Soc. Sec. No. (Optional)	Yourself	Your Child(ren)	Your spouse or other parent of your child(ren)	Children of the Spouse or other parent from their prior relationship

Tell us which relative you listed above intends to claim you or your family member as a dependent on their income tax return in your statement below.

I (*Print Client's Name*) \_\_\_\_\_ state that to the best of my knowledge, (*Print Tax Claimant/Relative's Name*) \_\_\_\_\_ intends to claim (*Print Dependent's Name*) \_\_\_\_\_

as a dependent on their state or federal income tax return for the current tax year (*when they file their taxes in the next calendar year.*)

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

**YOUR TAX CLAIMANT (RELATIVE) MUST ANSWER YES OR NO FOR EACH TYPE OF INCOME SOURCE AND SIGN BELOW.**

✓ **YES if the Tax Claimant (relative), and/or their spouse currently receive income from any source.**

✓ **NO if no income from that source.**

Source	Yes	No	Amount Received	How Often Received	Name of Person Receiving Income
Gross Earned Income or Net Self-Employment Income			\$		
Cash Assistance			\$		
Social Security / SSI, SSA			\$		
Child Support ATLAS # / Court Order #			\$		
Any Other Income Source, such as: Gifts, Loans, U.I., GI Bill, Rental income, Interest, VA or any Income from Absent Parent(s), Friends or Relatives ( <i>indicate type</i> ): _____			\$		

I (*Print Tax Claimant/Relative's Name*) \_\_\_\_\_ **state that as of this date, I intend to claim** (*Print Dependent's Name*) \_\_\_\_\_

**as a dependent on my state or federal income tax return for the current tax year (when I file my taxes in the next calendar year). I have truthfully stated my current income above and I understand that I must provide verification of this income to DES.**

Tax Claimant/Relative's Signature \_\_\_\_\_ Date \_\_\_\_\_