

SCHEDULE H				TAX YEAR	
HEAD OF HOUSEHOLD WORKSHEET					
STATUS INFORMATION					
MARITAL STATUS					
Check ALL that apply:					
<input type="checkbox"/>	• Never married				
<input type="checkbox"/>	• Widow/Widower (spouse died before 01/01/current tax year)				
<input type="checkbox"/>	• Received final decree of divorce, legal separation, dissolution, or termination of marriage by 12/31/current tax year). <i>Check ANY documents you can provide to the IRS:</i>				
<input type="checkbox"/>	Divorce decree				
<input type="checkbox"/>	Separation agreement				
<input type="checkbox"/>	• Married, but lived apart for the last 6 months of the year. <i>Check ANY documents you can provide to the IRS to verify that you lived apart:</i>				
<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Letter from clergy member		
<input type="checkbox"/>	Lease agreement	<input type="checkbox"/>	Letter from social services		
<input type="checkbox"/>	Utility bills	<input type="checkbox"/>	Other (write in):		
QUALIFYING PERSON					
<input type="checkbox"/>	Check if child is a non-dependent qualifier (<i>This means someone else is claiming the child as a dependent</i>)				
First Name		Middle Initial		Last Name	
SSN #		Relationship			
EXPENSES & INCOME					
Check next to ANY of the following you can provide to the IRS in order to substantiate maintaining more than 50% of the cost of the home:					
<input type="checkbox"/>	Utility bills	<input type="checkbox"/>	Home grocery receipts		
<input type="checkbox"/>	Property tax bills	<input type="checkbox"/>	Rent receipts or mortgage interest		
<input type="checkbox"/>	Property insurance	<input type="checkbox"/>	Mortgage payments		
<input type="checkbox"/>	Other household bills (upkeep & repair)				
Check next to ANY of the following to indicate any non-taxable support or income you received:					
<input type="checkbox"/>	Family support	<input type="checkbox"/>	Housing assistance		
<input type="checkbox"/>	Food stamps	<input type="checkbox"/>	Childcare assistance		
<input type="checkbox"/>	Other (write in):				
PROOF OF CHILD					
Check next to the document or ID provided as proof child resides in your home:					
<input type="checkbox"/>	Social Security Card	<input type="checkbox"/>	Birth Certificate		
<input type="checkbox"/>	State ID	<input type="checkbox"/>	Medical Record		
<input type="checkbox"/>	School Records (example: report card, enrollment records)				
<input type="checkbox"/>	Other:				
HISTORY					
Were any of these credits disallowed or reduced in a previous year?					
<input type="checkbox"/>	Yes		<input type="checkbox"/>	No	
SIGNATURE					
✓ I verify that the above information is correct and that I can provide the documentation required to backup these claims.					
Printed Name			Signature		
Date					