

IRS Due Diligence Laws mandates tax payers show proof of relationship, age and residency in order to prove the tax payer can claim the Earned Income Credit and other credits, on the basis of a qualifying child or children. Below is a list of IRS acceptable documents that are required in order to meet these mandates.

In accordance with **IRS Due Diligence Requirements**, we will accept the following as **Proof of Relationship**:

Birth Certificates or other official documents of birth
 Adoption Agency Letter
 Court placement documents
 Marriage certificate that verifies relationship

In accordance with **IRS Due Diligence Requirements**, we will accept the following documents as **Proof of Residency**:

School records or statement (report cards are not accepted)
 Landlord or property management statement
 Health provider statement
 Medical records/statements (immunization/shot records are not accepted)
 Child care provided records/statement
 Placement agency statement (court placement documents ARE accepted)
 Social service records or statement
 Place of worship statement
 Indian tribal official statement
 Employer statement

Attached are templates that can be provided to the agency of your choice. The agency will need to complete the form in its entirety, copy the form onto letterhead, and sign and date it.

The agency may also use their own formatting to submit as proof, but it **MUST** contain all required information. Any statements or letters that **DO NOT** follow the guidelines will **NOT** be approved, causing a delay in return processing. ****Complete Tax will reject any statement that is NOT on letterhead. ****

Each statement **MUST** be on agency letterhead and contain the following information:

the child's name,
 the child's date of birth,
 the child's address (or multiple addresses if moved)
 the dates the child lived at the address (must be more than half of the tax year),
 the name of the child's custodial parent,
 the agency representative's name,
 the agency representative's signature,
 the agency representative's title, and
 the agency representative's phone number.

Today's Date

Re: _____
Child's Name

To Whom It May Concern:

According to our records, _____ was in attendance at _____ from
Child's Name Name of School

_____ to _____ during the _____ school year. Our records reflect that the student resided at
Month/Date Month/Date School Term

_____ during this time.
Street Address, City, State, and Zip Code (If the child moved during the year, list all addresses)

Our records also reflect that the student's parent or guardian during this time was _____.
Parents/Guardians Name(s)

The parent or guardian also resided at _____ during this
Street Address, City, State and Zip Code (If moved during the year, list all addresses)
time.

Sincerely,

Signature of School Official

Name of School Official

Title of School Official

Phone Number of School Official

*** Ask the school to use this template to complete all required information. Once completed, copy on school letterhead and must include name, title and phone number of school official completing this form. ***

Today's Date

Re: _____
Child's Name

To Whom It May Concern:

According to our records, _____ is/was a patient at _____ from
Child's Name Name of Medical Facility
_____ to _____. Our records reflect that the he/she resided at _____
Month/Date Month/Date Street Address, City, State and Zip Code

during this time.

Our records also reflect that the patient's parent or guardian during this time was _____.
Parents/Guardians Name(s)

The parent or guardian also resided at _____ during this
Street Address, City, State and Zip Code (If moved during the year, list all addresses)
time.

Sincerely,

Signature of Medical Provider

Name of Medical Provider

Title of Medical Provider

Phone Number of Medical Provider

*** Ask the medical facility to use this template to complete all required information. Once completed, copy on letterhead and must include name, title and phone number of medical provider completing this form. ***

Today's Date

Re: _____
Child's Name

To Whom It May Concern:

According to our records, _____ was in attendance at _____ from
Child's Name Name of Child Care Facility

_____ to _____. Our records reflect that the child resided at _____
Month/Date Month/Date Street Address, City, State and Zip Code

during this time.

Our records also reflect that the student's parent or guardian listed at this time was _____.
Parents/Guardians Name(s)

The parent or guardian also resided at _____ during this
Street Address, City, State and Zip Code (If moved during the year, list all addresses)
time.

Sincerely,

Signature of Child Care Provider

Name of Child Care Provider

Title of Child Care Provider

Phone Number of Child Care Provider

*** Ask the child care facility to use this template to complete all required information. Once completed, copy on letterhead. Stateent must include name, title and phone number of provider completing this form. ***

Today's Date

Re: _____
Child's Name

To Whom It May Concern:

According to our records, _____ attended _____ from
Child's Name Name of Place of Worship

_____ to _____. Our records reflect that the child resided at _____
Month/Date Month/Date Street Address, City, State and Zip Code

during this time.

Our records also reflect that the child's parent or guardian was listed as _____
Parents/Guardians Name(s)

The parent or guardian also resided at _____ during this
Street Address, City, State and Zip Code (If moved during the year, list all addresses)
time.

Sincerely,

Signature of Administrator

Name of Administrator

Title of Administrator

Phone Number of Administrator

*** Ask the administrator to use this template to complete all required information. Once completed, copy on letterhead and must include name, title and phone number of person completing this form. ***

Today's Date

Re: _____
Child's Name

To Whom It May Concern:

I, _____, the landlord of _____ acknowledge that he/she resides at the following
Name of Landlord Name of Tenant

address: _____, city of _____, state of _____. The tenant has resided
Current Physical Address

at this address from _____ to _____. Records also reflect that the following individuals also reside with
Month/Date Month/Date

above named tenant: _____.
Names of Others Who Lived With the Tenant

I swear and affirm under penalty of perjury that the facts stated above are true and accurate to the best of my knowledge.

Sincerely,

Signature of Landlord/Property Management

Name of Landlord/ Property Management

Phone Number of Landlord/Property Management

*** Ask the landlord/property manager to complete all required information. Once completed, copy on letterhead. Statement must include name and phone number of person completing this form. ***

Today's Date

Re: _____
Name

To Whom It May Concern:

According to our records, _____ is employed by _____. Internal
Name of Employee Name of Employer
documents show that this employee resided at _____. These documents
Street Address, City, State, and Zip Code
also show that _____ has listed _____ as
Name of Employee Name of Dependents
also residing with them.

I swear and affirm under penalty of perjury that the facts stated above are true and accurate to the best of my
knowledge.

Sincerely,

Signature of Representative

Name of Representative

Title of Representative

Phone Number of Employer

*** Ask the employer to use this template to complete all required information. Once completed, copy onto official letterhead. Statement must include name, title and phone number of person completing this form.***

Today's Date

Re: _____
Name

To Whom It May Concern:

According to our records, _____ is a member of _____.
Name of Tribal Member Name of Indian Tribe

Documents show that this member resided at _____. These documents
Street Address, City, State, and Zip Code

also show that _____ are the children of _____.
Child(s) Name Name of Tribal Member

and also resides with them at the above named address.

I swear and affirm under penalty of perjury that the facts stated above are true and accurate to the best of my knowledge.

Sincerely,

Signature of Indian Tribal Official

Name of Indian Tribal Official

Title of Indian Tribal Official

Phone Number of Tribal Official

*** Ask the Tribal Official to use this template to complete all required information. Once completed, copy onto official letterhead. Statement must include name, title and phone number of person completing this form.***

Today's Date

Re: _____
Name

To Whom It May Concern:

According to our records, _____ is the legal guardian of _____.
Name of Legal Guardian Child(s) Name

Documents show that both guradian and child(s) resided at _____.
Street Address, City, State, and Zip Code

Documents also show that the above mentioned became the guardian of the child(s) on _____.

I swear and affirm under penalty of perjury that the facts stated above are true and accurate to the best of my knowledge.

Sincerely,

Signature of Agency Official

Name of Agency Official

Title of Agency Official

Phone Number of Agency Official

*** Ask the Agency Official to use this template to complete all required information. Once completed, copy onto official letterhead. Statement must include name, title and phone number of person completing this form.***