

Additional Child Tax Credit Worksheet

Contact information

Your name	Social Security Number
Your spouse's name <i>(if you filed a joint return)</i>	Spouse Social Security Number

If your address has changed, provide the current address below, call 800-829-0922 or visit www.irs.gov.

Address	City	State	ZIP code
Primary telephone number	Best time to call <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Secondary telephone number	Best time to call <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

Step 1

Fill in the name as it appears on the Social Security card for each dependent child you claimed on your 2020 tax return. Your child must have a Social Security Number valid for employment issued before the due date of your tax return (including extensions), unless the child was born and died in 2020. If so, you must attach to your notice a copy of the child's birth certificate, or hospital records showing a live birth.

A child meets the relationship test to be a qualifying child for this credit if the child is your son, daughter, stepchild, adopted child, brother, sister, stepbrother, stepsister, or any of their descendants, or an eligible foster child.

Child's Name	Social Security Number	Does the Child Meet the Relationship Test to be a Qualifying Child	Was the Child Born On or After January 1, 2003	Is the Child a Citizen, National, or Resident of the United States
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- A child does not qualify if you answered No to any questions above for that child.
- A child **may** qualify if you answered Yes to all of the questions above for that child.

How many children qualify _____

- You will need to enter this information when you complete Schedule 8812, Additional Child Tax Credit.

If you have at least one qualifying child, complete Step 2 below, and send this worksheet to us along with your completed Schedule 8812 in the enclosed envelope.

Step 2

Sign and date the statement if you have at least one qualifying child.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

Your signature	Date
Your spouse's signature <i>(if you filed a joint return)</i>	Date