

**Information To Claim Earned Income Credit
 After Disallowance**

OMB No. 1545-1619

Attachment
 Sequence No. **43A**

▶ **Attach to your tax return.** ▶ **See separate instructions.**

Name(s) shown on return

Your social security number

Before you begin: ✓ See your tax return instructions for the year for which you are filing this form to make sure you can take the earned income credit (EIC) **and** to find out who is a qualifying child.
 ✓ **Do not** use this form for a year prior to 2002. Instead, use the November 2000 revision of **Form 8862**.

Part I All Filers

- 1 Enter the year, after 2001, for which you are filing this form (for example, 2002) ▶ _____
- 2 Were you, or your spouse if filing a joint return, a qualifying child of another person during the year entered on line 1? Yes No
Next, if you do not have a qualifying child, go to Part II. If you do have a qualifying child, go to Part III.

Part II Filers Without a Qualifying Child

Caution. See your tax return instructions for the year entered on line 1 to be sure you can take the EIC.

- 3a Enter the dates during the year shown on line 1 that your home was in the United States ▶ _____
- b If married filing a joint return, enter the dates during the year shown on line 1 that your spouse's home was in the United States ▶ _____

Part III Filers With a Qualifying Child or Children

Caution. If you have two qualifying children, complete lines 4-8 for one child **before** going to the next column. List your children here in the same order as you did on **Schedule EIC**.

4 Is the child your son, daughter, adopted child, stepchild, or grandchild? Yes No
Next, if you checked "Yes" for this child, go to line 6a. If you checked "No," continue.

5a Are you related to the child **or** was the child placed with you by an authorized placement agency? Yes No
Next, if you checked "No" on line 5a for this child, go to line 6a. If you checked "Yes," continue.

b Enter the child's relationship to you **or** the name of the placement agency. Enter both items if the child is related and was also placed with you by an agency.

c Did you care for the child as if he or she were your own child?

6a Did the child live with you in the United States for more than half of the year entered on line 1? Yes No

b Enter the address(es) where you and the child lived during the year entered on line 1.

c If the child attended school or day care, enter the name(s) of the school(s) or care provider(s)

	Child 1	Child 2
	<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

Part III Filers With a Qualifying Child or Children (Continued)	Child 1	Child 2
<p>7a Was the child under age 19 at the end of the year entered on line 1?</p> <p>Next, if you checked "Yes" on line 7a for this child, go to line 8a. If you checked "No," continue.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b Was the child under age 24 at the end of the year entered on line 1 and a student?</p> <p>Next, if you checked "No" on line 7b for this child, go to line 7d. If you checked "Yes," continue.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c Enter the name of the school(s), or the state, county, or local government agency if an on-farm training course, the child attended. Do not enter if shown on line 6c. Go to line 8a next.</p>		
<p>d Was the child permanently and totally disabled?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e If you checked "Yes" on line 7d, enter the name(s) of the child's health care provider(s) or social worker(s)</p>		
<p>8a Does the child meet the requirements to be a qualifying child of any other person for the year entered on line 1 (see instructions before answering)?</p> <p>Next, if you checked "No" on line 8a for this child, do not fill in lines 8b-8d for this child. If you checked "Yes," continue.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b Enter the child's relationship to the other person(s)</p>		
<p>c Enter the name and social security number of the other person(s)</p>		
<p>d If the tie-breaker rules applied, would the child be treated as your qualifying child (see instructions before answering)? . . .</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

