

## Information To Claim Earned Income Credit After Disallowance

OMB No. 1545-1619

Attachment  
 Sequence No. **43A**

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

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.

**Part I All Filers**

- 1 Enter the year for which you are filing this form (for example, 1999, 2000, etc.) . . . . . ▶ \_\_\_\_\_
- 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. Be sure you list your children here in the same order as you did on **Schedule EIC**.

- 4 Is the child your son, daughter, adopted child, grandchild, or stepchild? . . . . .  Yes  No
- Next,** if you checked "Yes" for this child, go to line 5a. If you checked "No," go to line 6a.

- 5a 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) . . . . .
- Next,** go to line 7a on the back for this child.

- 6a 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 6a for this child, go to line 6c. 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 during the entire year entered on line 1? . . . . .  Yes  No

	Child 1	Child 2
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**Part III Filers With a Qualifying Child or Children** (Continued)

	Child 1	Child 2
<b>d</b> Did the child live with you in the United States for the entire year entered on line 1? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> Enter the address(es) where you and the child lived during the year entered on line 1 . . . . .		
<b>f</b> If the child attended school or day care, enter the name(s) of the school(s) or care provider(s) . . . . .		
<b>7a</b> Did the child live with any other person for more than half of the year entered on line 1 (see instructions before answering)? <b>Next</b> , if you checked "No" on line 7a for this child, go to line 8a. If you checked "Yes," continue.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Was this person the child's parent or grandparent? . . . . . <b>Next</b> , if you checked "Yes" on line 7b for this child, go to line 7f. If you checked "No," continue.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b> Did this person live with the child for the entire year entered on line 1 <b>and</b> care for the child as if the child were his or her own? . . . . . <b>Next</b> , if you checked "No" on line 7c for this child, go to line 8a. If you checked "Yes," continue.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> Was this person related to the child <b>or</b> was the child placed with this person by an authorized placement agency? . . . . . <b>Next</b> , if you checked "No" on line 7d for this child, go to line 7f. If you checked "Yes," continue.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> Enter the child's relationship to this person or the name of the placement agency. Enter both items if the child was related and was also placed with this person by an agency . . . . .		
<b>f</b> Enter this person's name and social security number (see instructions) . . . . .		
<b>g</b> Is your <b>modified AGI</b> (adjusted gross income) for the year entered on line 1 <b>higher</b> than the modified AGI of every person listed on line 7f? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8a</b> Was the child under age 19 at the end of the year entered on line 1? . . . . . <b>Next</b> , if you checked "Yes" on line 8a for this child, <b>do not</b> fill in lines 8b-8e for this child. If you checked "No," continue.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Was the child under age 24 at the end of the year entered on line 1 and a student? . . . . . <b>Next</b> , if you checked "No" on line 8b for this child, go to line 8d. If you checked "Yes," continue.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b> If you checked "Yes" on line 8b, 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 5c or 6f . . . . .		
<b>d</b> If you checked "No" on line 8b, was the child permanently and totally disabled? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If you checked "Yes" on line 8d, enter the name of the child's health care provider or social worker . . . . .		

