

## 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? . . . . .  Yes  No

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
4 Is the child your son, daughter, adopted child, stepchild, or grandchild? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a Are you related to the child <b>or</b> was the child placed with you by an authorized placement agency? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c Did you care for the child as if he or she were your own child? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6a Did the child live with you in the United States for more than half of the year entered on line 1? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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) . . . . .		

<b>Part III Filers With a Qualifying Child or Children</b> <i>(Continued)</i>	<b>Child 1</b>	<b>Child 2</b>
<b>7a</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 7a for this child, go to line 8a. 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 7b for this child, go to line 7d. If you checked "Yes," continue.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b> 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.		
<b>d</b> 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 7d, enter the name(s) of the child's health care provider(s) or social worker(s) . . . . .		
<b>8a</b> 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)? . . . . . <b>Next</b> , if you checked "No" on line 8a for this child, <b>do not</b> fill in lines 8b-8d for this child. If you checked "Yes," continue.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Enter the child's relationship to the other person(s) . . . . .		
<b>c</b> Enter the name and social security number of the other person(s) . . . . .		
<b>d</b> If the tie-breaker rules applied, would the child be treated as your qualifying child (see instructions before answering)? . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

