

Taxpayer Name	Social Security Number
	Tax Year

The following child or children previously met the residency test but were not claimed on Schedule EIC:

Child's Name	SSN
_____	_____
_____	_____
_____	_____
_____	_____

Please complete this section , sign and return it to us for processing.

I would like to change my _____ tax return, Schedule EIC to claim the following qualifying children for EIC

List child or children names who previously met the residency test that you want to use on your _____ tax return, Schedule EIC:

1. _____
2. _____

Please sign. If you filed a joint return, your spouse must also sign below.

Signature (required)	Date
Spouse's Signature	Date

You can return this form by fax at 1-913-266-9640 or by mail. If you reply by mail, please return in the enclosed envelope to:

Internal Revenue Service
EITC Operations, Stop 4300, Annex R-2
Kansas City, MO 64999-0065