

Dependents MUST file a tax return if:

Unearned income (interest, dividends, etc.) is more than \$450 and total income is more than \$1,300.

Unearned income (interest, dividends, etc.) is less than \$450 and total income is more than \$14,600.



**B. Johnson & Assoc., Ltd.**  
CERTIFIED PUBLIC ACCOUNTANTS

**Dependent  
Questionnaire**

**Dependent Information**

Social Security #s are required for all dependents.

\_\_\_\_ Check here if no change from previous year.

Full Name	Date of Birth	Relationship	Social Security #	# of months at home during 2024	Dependents' 2024 Income (Optional)		Do you want us to prepare their returns?
					Wages	Interest/Dividends/Other	
_____	_____	_____	- -	_____	_____	_____	Y__ N__
_____	_____	_____	- -	_____	_____	_____	Y__ N__
_____	_____	_____	- -	_____	_____	_____	Y__ N__
_____	_____	_____	- -	_____	_____	_____	Y__ N__
_____	_____	_____	- -	_____	_____	_____	Y__ N__
_____	_____	_____	- -	_____	_____	_____	Y__ N__

**Federal Education Credits**

College education credits are available for tuition and fees paid by taxpayers and their dependents. Refer to your Client Tax Newsletter for more details.

Student Name	Status (Grade) on Jan 01, 2024	Tuition and Fees Paid	Cost of Books	529 Plan or Education IRA Withdrawals	Scholarships / Grants
		(Attach 1098-T)			
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**State Education Deductions and Credits**

Minnesota allows deductions and/or credits for primary and secondary (grades K - 12) education costs. Minnesota requires itemized cash register receipts.

Student Name	Status (grade) on Jan 01, 2024	Tutoring and Academic Fees	Computer	Books and Supplies	Private School Tuition Paid	Rent of Music Instruments	Other (Describe)
			Hardware and Educational Software				
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**Child Care**

A credit is available for costs to care for dependents while you are at work. You must report the provider(s) name, address and social security # or federal identification #. You are required to report this information even if you have a Dependent Care Benefit plan at work.

Do you have daycare deducted from your paycheck? Y\_\_\_\_\_ N\_\_\_\_\_

Name of Provider	Address	Amount Paid	Provider Social Security # or Federal ID #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____