

# HEAD OF HOUSEHOLD-CALIFORNIA FORM 3532

## Questionnaire

### MARITAL STATUS (CHECK APPROPRIATE STATUS)

1. NOT LEGALLY MARRIED/RDP DURNIG 2017 \_\_\_\_\_
2. WIDOW/WIDOWER (SPOUSE/RDP DIED BEFORE 1/1/17) \_\_\_\_\_
3. MARRIAGE/RDP WAS ANNULLED \_\_\_\_\_
4. RECEIVED FINAL DECREE OF DIVORCE, LEGAL SEPARATION, DISSOLUTION, OR TERMINATION OF MARRIAGE PRIOR TO 12/31/17 \_\_\_\_\_
5. LEGALLY MARRIED/RDP AND DID NOT LIVE WITH SPOUSE/RDP DURING 2017 \_\_\_\_\_
6. LEGALLY MARRIED/RDP AND LIVED WITH SPOUSE/RDP DURING 2016. LIST THE BEGINNING DATES AND ENDING DATES THAT YOU LIVED TOGETHER.

BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_

BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_

### QUALIFYING PERSON (PERSON WHO QUALIFIES TAXPAYER AS HEAD OF HOUSEHOLD) CHECK THE APPROPRIATE GROUP.

1. SON, DAUGHTER, STEP SON OR DAUGHTER \_\_\_\_\_
2. GRANDCHILD, BROTHER, SISTER, HALF BROTHER OR SISTER  
STEP BROTHER OR SISTER, NEPHEW OR NIECE \_\_\_\_\_
3. ELIGIBLE FOSTER CHILD \_\_\_\_\_
4. FATHER, MOTHER, STEP FATHER OR STEP MOTHER \_\_\_\_\_
5. GRANDFATHER, GRAND MOTHER, SON OR DAUGHTER-IN LAW, MOTHER OR FATHER-IN-LAW, BROTHER OR SISTER-IN LAW, UNCLE OR AUNT \_\_\_\_\_

QUALIFYING PERSON INFORMATION.

1. FIRST NAME\_\_\_\_\_
2. LAST NAME\_\_\_\_\_
3. SSN \_\_\_\_\_
4. DATE OF BIRTH\_\_\_\_\_
5. QUALIFYING PERSON'S TAXABLE GROSS INCOME\_\_\_\_\_
6. NUMBER OF DAYS IN YEAR LIVED WITH TAXPAYER\_\_\_\_\_