



KAKENMASTER & ASSOCIATES

Tax and Accounting

Supplemental Data Sheet: Adoption

Tax Year : _____

Name: _____

Child's Name First Last

Identification Number
Can be a Social Security Number (SSN), an Adoption Taxpayer Identification Number (ATIN), or an Individual Taxpayer Identification Number (ITIN)

Year of Birth _____

Child with Special Needs Yes No

Disabled Individual _____

Foreign Child _____

Is Adoption Final? _____

Did you file Form 8839 (Qualified Adoption Expenses) for the same child in a prior years? _____

Amount of prior year Employer provided adoption benefits: _____

Timely records must be maintained to support the above deductions.

I have reviewed the information contained herein and to the best of my knowledge it is true, correct, and complete.

Please Sign

X _____ Date _____