Family caregiver records: their papers, the bills and yours

Write the care recipient’s name at the top. Gather their records and yours: the dependent tests use both.

Client or engagement

The person you care for

- [ ] Their Social Security card or ITIN
  Name, number and date of birth for the return
- [ ] Their Form SSA-1099
  Benefits for the year; the tax-free part is not gross income for the test
- [ ] Their pension Form 1099-R and interest forms
  To check gross income against the limit
- [ ] Bank statements for their account
  Shows their own money spent on their support

Support and household

- [ ] Support worksheet for the year
  Housing, food, medical and other costs, with who paid each
- [ ] Form 2120 and signed statements from siblings
  Only if several of you share support
- [ ] Rent, mortgage, utility or care home bills for their home
  For head of household when you pay over half

Medical and long-term care

- [ ] Doctor, hospital, dental and pharmacy bills you paid
  With proof of payment from your account
- [ ] Nursing home or assisted living invoices
  Split medical care from room and board
- [ ] Chronic illness certification and plan of care
  From a licensed health care practitioner, within the last 12 months
- [ ] Medicare and long-term care insurance premium statements
  Premiums you paid for them
- [ ] Home change invoices with a doctor’s note
  Ramps, grab bars, stair lifts
- [ ] Mileage log for medical trips
  Date, place and miles for each appointment

Paid care while you work

- [ ] Provider name, address and SSN or EIN
  Form W-10 from each adult day center or aide
- [ ] Adult day care and home aide invoices
  Total paid for the year, by provider
- [ ] Your Form W-2 with Box 10 dependent care benefits
  If an employer account paid part of the cost
- [ ] Aide you hired directly: wage records, Form W-4 and Form I-9
  For Schedule H and the aide's Form W-2

If you are paid to give care

- [ ] Form W-2 or Form 1099 from the waiver program or agency
  One per payer
- [ ] Program approval letter
  Shows it is a Medicaid waiver program
- [ ] Proof the person lives in your home
  Lease, ID or mail at your address