

DEPENDENT INFORMATION

FIRST NAME			
LAST NAME			
SOCIAL SECURITY #			
DATE OF BIRTH			
TAXPAYER PROVIDING INFORMATION			
PRINT NAME(S)			
RELATIONSHIP			
THIS DEPENDENT IS YOUR			
IF NOT YOUR SON OR DAUGHTER, WHY			
AREN'T PARENTS CLAIMING CHILD?			
Is the Parent's AGI > Yours?	[] Y [] N [] Don't know	[] Y [] N [] Don't know	[] Y [] N [] Don't know
Documents Provided Proving Relationship			
Adopted - Foster - Guardianship	[A] [F] [G]	[A] [F] [G]	[A] [F] [G]
Date Placed In Your Home			
If Adopted, Date Final			
Provide Decree or Placement Order	[] Copy Provided	[] Copy Provided	[] Copy Provided
STUDENT OVER AGE 18	[] YES [] NO	[] YES [] NO	[] YES [] NO
HIGH SCHOOL (GRAD DATE)			
COLLEGE OR TECH	[] 1098-T	[] 1098-T	[] 1098-T
DISABLED OVER AGE 18	[] YES [] NO	[] YES [] NO	[] YES [] NO
DISABILITY IS (Describe)			
What Proof do you have? (DR, Health Provider or Social Services Agency Statement, etc.)			
RESIDENCY			
MONTHS LIVED WITH YOU	#	#	#
IN THE US			
US CITIZEN-NATL-RES ALIEN	[] YES [] NO	[] YES [] NO	[] YES [] NO
CHILD IS SINGLE (NOT MARRIED)? (or, if married, not filing joint return?)	[] YES [] NO	[] YES [] NO	[] YES [] NO
DID ANYONE ELSE RELATED	[] YES [] NO	[] YES [] NO	[] YES [] NO
TO CHILD LIVE IN THE HOME? If So,			
what was their RELATIONSHIP to the child?			
AGI OF THE OTHER PERSON	\$	\$	\$
WHO WINS TIE BREAKER RULE?	[] TAXPAYER [] OTHER	[] TAXPAYER [] OTHER	[] TAXPAYER [] OTHER
DIVORCED OR SEPARATED PARENTS - The Custodial Parent is where the Child sleeps over the most nights			
CUSTODIAL PARENT	[] YES [] NO	[] YES [] NO	[] YES [] NO
What about the other parent?			
Did you sign FORM 8332 releasing exemption?	[] YES [] NO	[] YES [] NO	[] YES [] NO
NON+CUSTODIAL PARENT	[] YES [] NO	[] YES [] NO	[] YES [] NO
Do You HAVE a Signed FORM 8332?	[] COPY PROVIDED	[] COPY PROVIDED	[] COPY PROVIDED
releasing the Exemption TO YOU?	NOTE: Form 8832 must be attached to your return to claim the Child		

