DE	PE	NDE	NT	· IN	FOR	MΑ	Ш	ON									
FIRST NAME																	
LAST NAME																	
SOCIAL SECURITY #																	
DATE OF BIRTH	┢																
TAXPAYER PROVIDING INFORMATI	ON																
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	[]D	on't kr	now	[]]Y []N []D	on't k	now
Documents Provided Proving Relationship																	
Adopted - Foster - Guardianship	[A] [F] [3]	[A]	[F	1	[G	1	[A	1	[F]	[G	1
Date Placed In Your Home																	
If Adopted, Date Final						1											
Provide Decree or Placement Order	[] Cop	y Pr	ovide	d	[] C	ору Р	Provi	ded		[] Co	ру Р	rovi	ded	
STUDENT OVER AGE 18	[] Y	ES	[] NO	1]	YES	[] N	10	[] \	/ES	[] [NO
HIGH SCHOOL (GRAD DATE)																	
COLLEGE OR TECH]10	098-1	ľ				1098	-T]	1098-	Т		
DISABLED OVER AGE 18	[] Y	ES	[] NO	[1	YES	[] N	10	[1	/ES	[] [NO
DISABILITY IS (Describe)																	
What Proof do you have? (DR, Health Provider																	
or Social Services Agency Statement, etc.)																	
RESIDENCY						-44											
MONTHS LIVED WITH YOU	#					#						#					
IN THE US						Ļ			_						_		
US CITIZEN-NATL-RES ALIEN	[_	JYE		-]NO	Ľ		/ES	<u> </u>]N	0	[-	ES	<u> </u>]N	10
CHILD IS SINGLE (NOT MARRIED)? (or, if married, not filing joint return?)	[] YE	S [] N	10	1] Y	ES	[]	NO		[] Y	ES []	NO	
DID ANYONE ELSE RELATED	[] Y	EQ	<u> </u>] NO	Ē	1	YES	_] N	10	[1 \	/ES	_	11	NO
TO CHILD LIVE IN THE HOME? If So.	ľ			L	1 140	ľ		·LO	L	1		L		L	L		10
what was their RELATIONSHIP to the child?																	
AGI OF THE OTHER PERSON	\$					\$						\$					
WHO WINS TIE BREAKER RULE?	_	TAXPA	YER	[](OTHER	_] TA)	(PAYE	R [] OTH	ER	•	TAX	PAYER	₹ [] OTH	HER
DIVORCED OR SEPARATED PARENT	_															_	
CUSTODIAL PARENT	Ī	JΥ] NO	[YES] N		[YES	[NO
What about the other parent?																	
Did you sign FORM 8332 releasing exemption?	ī] Y	ES	τ] NO	ī]	YES	[] N	10	Ī.	1	YES	Ī	11	NO
NON+CUSTODIAL PARENT] Y	EG	Т] NO	Т	-	YES	7] N	10	1	- 1	YES	T	11	NO
	1	1 1	LO		1	1		LO					- 4				
Do You HAVE a Signed FORM 8332?	[] COP				Ľ		OPY F						PY P	_	IDED)

DEPENDE	$\mathbf{N}_{\mathbf{L}}$	' INF	ORI	MATIC	N	CC	ITN	NU	ED						
FIRST NAME															
SUPPORT- YOU PAID MORE THAN HALF O)F TI	HE TOTA	AL SUI	PPORT F	OR T	THIS	DEPEN	IDEN.							
			00				<i></i>								
You Provided More than half	[] YE	:S [] NC)	[] YE] 8] NO]] Y	ES] NO	
DEPENDENT'S INCOME] N	ONE				NC	NE] N	101	1E	
WAGES	\$				\$	5				\$					
INTEREST, DIVIDENDS	\$				\$	5				\$					
SOCIAL SECURITY	\$				\$					\$					
OTHER Describe	\$				\$	5				\$					
FILED TAX RETURN?	-	1 VE	:e r	1 N/	┥.	•	1 VE	· r	1 NO	┢	1 V	EG I		1 NO	
	L] YE] NC	4	<u>. </u>] YE] NO	₽		ES] NO	
If Yes, We Need A Copy	Ŀ			ROVIDED	_	<u> </u>			OVIDED	1				/IDED	
ARE WE PREPARING child's return	1] Yi	ES	[] NC		[] YE	3 [] NO]	JΥ	ES] NO	
TYPE OF DEPENDENT															
DEPENDENT CHILD THAT LIVED WI	TH	YOU													
Under age 18, under 24 & student, or disabled]]]				[]		
NON DEPENDENT CHILD THAT LIVE	ED '	WITH	YOU	U (Oth	er l	Par	ent is	Cla	aiming	the	Exe	mpt	<mark>on)</mark>)	
Under age 18, under 24 & student, or disabled]]]					1		
DEPENDENT CHILD THAT DID NOT	LIV	E WI	TH Y	OU BU	JT	LIV	ED V	/ITH	OTHE	R P	ARE	NT			
Under age 18, under 24 & student, or disabled]			[]					1		
OTHER DEPENDENT - DEPENDENTS	TI	HAT A	ARE	NOT Q	UA	LIF	YINC	3 CH	IILDRE	N					
This is an OTHER Dependent]]]				[]		
Describe Circumstances															
CHILD CARE EXPENSE															
AMOUNT	\$				•	\$				\$					
Provider Name															
Address															
City, State, Zip															
Provider Tax ID Number															
PROOF OF RESIDENCY REQUIRED - MA	RK	WHAT	WAS	S PRO\	/IDE	ED									
"LIVED WITH YOU" = MORE THAN 6 MONTHS	[•		cords]	-	Schoo			[•	ool Re			
FOR DIVORCED OR SEPARATED PARENTS	[] Medical Records					[] Medical Records [] Childcare Records					[] Medical Records [] Childcare Records				
the Child must have SLEPT OVER at Your	<u>[</u>	-		Records Provided						Į[•			ords ovided	
house MORE NIGHTS than with the other parent RESIDENCY DOCUMENTS MUST HAVE	L	-		Landlor		-			Provided andlord	L	•			ndlord	
- CHILD'S NAME				Agency	<u>-</u>				Agency	1		al Svc	•		
- YOUR ADDRESS				oyer Etc	:_				yer Etc					er Etc	
- A DATE, OR A DATE RANGE	[]]]				[]			_	
- DATES MUST SPAN MORE THAN 6 MONTHS	er -	1								II	1				
	L]			L					<u> </u> L	1				