

DEPENDENTS

	<u>Last name, first name, middle initial</u>	<u>Date of birth</u>	<u>Social Security #</u>
1.	_____	___ / ___ / ___	____ - ____ - ____
2.	_____	___ / ___ / ___	____ - ____ - ____
3.	_____	___ / ___ / ___	____ - ____ - ____
4.	_____	___ / ___ / ___	____ - ____ - ____
5.	_____	___ / ___ / ___	____ - ____ - ____
6.	_____	___ / ___ / ___	____ - ____ - ____

	<u>Relationship</u>	<u>Months lived in your home</u>	<u>Gross income</u>	<u>% of total support provided if less than 100%</u>	<u>Code(s)</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

NOTE: Temporary absences (e.g., illness, education, business, vacation, military service) are considered time living in your home.

CODES

- A Dependent was not a US citizen or resident, or a resident of Canada or Mexico for any part of the year.
- B Dependent filed a joint return for the year (please supply details).
- C You provided more than half the person's total support for the year.
- D Child did not live with you due to divorce or separation.

Date of agreement ___ / ___ / ___

- E Copy of Form 8332, Release of Claim to Exemption for Child of Divorced or Separated Parents, or similar statement.

Form enclosed

Needs to be prepared

Other parent:

Name _____

Address _____

SS# _____ - ____ - _____

- F Form 2120, Multiple Support Declaration, or data to prepare same, since no one provided more than half of the individual's support.
- G Death of dependent. Date of death ___ / ___ / ___
- H Taxpayer is not custodial parent.
- I No Social Security number. Provide Form SS-5 to apply for one.
- J Non-dependent - Earned Income Credit only.
- K Child of qualifying widower.