

Dependent Information

Primary Name _____

Dependent Name _____

Claimed last year _____

of months in your home _____

Relationship to you _____

Date of Birth _____

Social Security Number _____

Did your Child have an income? _____

If so, how much? _____

Can you provide documentation (school records, medical records) that the child lived with you more than half the year? Yes ___ No ___
Specify which documents you have. _____

Can anyone else claim the child? Yes ___ No ___ If yes, who? _____

Did you provide more than half of their support? Yes ___ No ___ Is there an active Form 8332(Release of Claim to Exemption)? Yes ___ No ___

If the child is 19 Yrs. or older; was the child a full time student for at least 5 months or disabled? Yes ___ No ___

If the child is a full time student, which school are they attending? _____

If the child is your brother, sister, niece, nephew, grandchild, or great grandchild:

a. Can you provide a birth certificate that verifies your relationship to the child? Yes ___ No ___

b. Did either parent live with you during the year? Yes ___ No ___

c. If the biological parent is NOT living with the child where is the parent?

Mother _____ Father _____

Can someone claim YOU as a dependent? Yes ___ No ___



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Claimed last year _____

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a. Can you provide a birth certificate that verifies your relationship to the child? Yes ___ No ___

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c. If the biological parent is NOT living with the child where is the parent?

Mother _____ Father _____

Can someone claim YOU as a dependent? Yes ___ No ___

Signature _____

Printed Signature _____