

QUESTIONNAIRE — EXEMPTION CLAIMED FOR DEPENDENT

Names of taxpayers	Tax identification number	Name of dependent as shown on the return	Tax year ended
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The information requested on this questionnaire is needed to support the exemption for a dependent claimed on your Federal income tax return. Please complete this form by giving information about the dependent named above. The attached information guide contains tests for claiming dependents and other helpful instructions.

PART I

1. Full name of dependent		2. Was dependent a citizen, resident, or national of the United States, or a resident of Canada or Mexico during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Relationship of dependent to you	4. Dependent's age at end of tax year	5. Number of months dependent lived with you during year →	If the dependent lived with you less than 12 months, please complete item 6, below.
6. Names and addresses of others with whom dependent lived (If dependent entered or left the Armed Forces during the year, show "AF" and date of entry or discharge.)		Relationship to dependent	Number of months
7. Was dependent married during any part of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, complete items 8 and 9.)		8. Name and address of dependent's spouse	9. Did dependent file a joint income tax return with spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART II – Complete this part only if the exemption claimed is not for your child.

10. If dependent was a minor, give names and addresses of dependent's parents (If dependent's parents are not living, write "Deceased" and show dates of death in the spaces provided below.)	
a. Mother's name and address	b. Father's name and address

PART III – Complete this part only if the exemption claimed is for your child.

11a. If your child was 19 or older, was your child a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Note: If a. and b. are Yes, complete c, d, and e.	d. Dates of school attendance: From _____ To _____
b. Was your child under age 24 <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Name and address of school	e. The child attended <input type="checkbox"/> Day school <input type="checkbox"/> Night school
12. Did you and the other parent of the child file a joint return for the year shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, skip questions 13 and 14 and complete the parts on the back of this form. If No, complete the remaining questions on both front and back of this form.		
13. Name and address of other parent of the child		a. Amount you contributed to the support of the child (Do not include arrearage payments for earlier years.) \$ _____
14a. Were you and the child's other parent divorced, legally separated, or separated under a written separation agreement for any part of the year shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. If no to question a, did you and the child's other parent live apart for the last 6 months of the year shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. If Yes to question a, does the decree of divorce or separate maintenance, or written agreement, state which parent can claim an exemption for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Attach a copy of any decree or agreement under which support payments were made or that states which parent can claim an exemption for the child.	
Answer question c if year shown above is 1985 or later.		e. Show amount other parent contributed to the child's support: \$ _____ (Do not include arrearage payments for earlier years' support.)
f. Date of separation	h. Was the child in your custody during the tax year? If Yes, complete item i. <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Date of divorce	i. Show period of custody: From _____, 20____, to _____, 20____	

PART IV – Include in this part only the income and expenses for the part of the year the dependent lived with you.

15. Did dependent receive any income, such as wages, interest, dividends, pensions, rents, social security, welfare?
(If Yes, please complete items a, b, c, and d, below.)

Yes No

a. Income	Gross Amount	Source
	\$	
\$		
\$		
\$		
\$		

b. Amount of the dependent's income used for his or her support \$

c. Amount of the dependent's income used for other purposes \$

d. Amount of the dependent's income saved \$

Expenses for entire household (Where dependent lived)			Expenses for dependent only		
16. Lodging (Complete items a or b, and item c if applicable)	a. Rent paid	\$	24. Dependent's portion of household expenses (Item 23)	\$ 0	
	b. If not rented, show fair rental value of home (if dependent owns home, include this amount in item 31)	\$			
	c. If you completed item b, show below the name and address of the owner of the home				
Homeowner's name and address			25. Clothing	\$	
			26. Education	\$	
			27. Medical-Dental	\$	
			28. Travel-Recreation	\$	
			29. Other (Specify)		
17. Food				\$	
18. Utilities (heat, light, water, etc.)				\$	
19. Repairs (not included in item 16a or item 16b, above)				\$	
20. Other (Do not include expenses of maintaining residence, such as mortgage interest, real estate taxes, and insurance.)				\$	
21. Total household expenses (Add items 16 through 20.)			\$ 0	30. Total cost of dependent's support for the year (Add items 24 through 29.)	\$ 0
22. Number of persons (including dependent) living in household (Number)				31. Amount dependent contributed for own support (item 15b, plus amount from item 16b if dependent owns home)	\$
23. Dependent's portion of household expenses (item 21 divided by item 22)			\$ 0	32. Amount others contributed for dependent's support (include amounts by State, local, and other welfare societies or agencies.)	\$
				33. Amount you contributed for dependent's support	\$

34. If you are claiming the dependent under a multiple support agreement, please show the amount spent for dependent's support by each member of the multiple support group who contributed.

PART V

If the dependent did not live with you the entire year and you are unable to furnish complete information for Part IV, it will help support your claim to the exemption if the person with whom the dependent lived will either (a) complete the following Certificate, or (b) submit a signed statement that you furnished more than half the dependent's total support and the dependent was not claimed on that person's Federal income tax return.

Certificate

I certify that during the tax year 20____, _____
(Name of person claiming dependent)

provided more than half the total cost of support for _____
(Name of dependent)

and I did not and will not claim the dependent's exemption on my Federal income tax return for the above year.

Signature Address Date

PART VI

Declaration (If a joint return, both you and your spouse must sign)

I declare I have examined the information entered on this form, and to the best of my knowledge and belief it is true, correct, and complete.

Your signature Date Spouse's signature Date

If you decide you are not entitled to claim an exemption for the dependent, please complete the withdrawal statement below.

Withdrawal Statement (If a joint return, both you and your spouse must sign)

I no longer believe I am entitled to claim an exemption for _____ and I
(Name of dependent)

withdraw my claim to this exemption. Please make the necessary adjustments to my income tax return for the year shown on the other side of this form.

Your signature Date Spouse's signature Date