

Dependent Information Sheet.

If you alternate years with another parent of a child and it is **your year to claim** the child PLEASE add their name on the list provided.

If you are the **NON-Custodial Parent** – do you have a signed **8332 Form** that released the exemption(s) to you? **Yes** ___ **No** ___

**Examples of accepted documents to show eligibility to Claim the Dependent for EIC School Records, Medical Records, Birth Certificate Placement agency statement, Child care provider records, Landlord / property management statement*

Name of Dependent: _____

Social Security #: _____

Relationship: _____

Date of Birth: _____

Did this dependent have Health Insurance in 2017?

Yes ___ **No** ___ **Part Year** ___

Number of Months Living With You: _____

*Can you provide proof that you are entitled to Claim this dependent this year? **Yes** ___ **No** ___

Name of Dependent: _____

Social Security #: _____

Relationship: _____

Date of Birth: _____

Did this dependent have Health Insurance in 2017?

Yes ___ **No** ___ **Part Year** ___

Number of Months Living With You: _____

*Can you provide proof that you are entitled to Claim this dependent this year? **Yes** ___ **No** ___

Name of Dependent: _____

Social Security #: _____

Relationship: _____

Date of Birth: _____

Did this dependent have Health Insurance in 2017?

Yes ___ **No** ___ **Part Year** ___

Number of Months Living With You: _____

*Can you provide proof that you are entitled to Claim this dependent this year? **Yes** ___ **No** ___

Name of Dependent: _____

Social Security #: _____

Relationship: _____

Date of Birth: _____

Did this dependent have Health Insurance in 2017?

Yes ___ **No** ___ **Part Year** ___

Number of Months Living With You: _____

*Can you provide proof that you are entitled to Claim this dependent this year? **Yes** ___ **No** ___

Do any of the dependents have a disability? _____

Is it anticipated that another taxpayer may try to claim any of the dependents listed on their tax returns? _____

Did you have any daycare expenses?

Yes ___ **No** ___

Did your employer provide dependent care benefits? **Yes** ___ **No** ___

Name of Daycare Provider

Address: _____

EIN / SS# _____

Amount Paid: \$ _____