DEPENDENTS			
DEPENDENT NAME	<u>D.O.B</u>	<u>S.S.N.</u>	LIVES WITH? # OF MONTHS
			YES / NO
	DEPENDENTS CREDI	TS	
DAYCARE NAME			
	PAID \$		
CITY, STATE, ZIP			
	FOR SHARED CUSTODY SIT	UATIONS	
GROSS INCOME OF OTHER PERSON \$			(TIE BREAKER RULES)
HOW MANY OVERNIGHTS DID YOUR DEPENDENT S	TAY WITH YOU THIS TAX YEAR? HO	OW MANY OVERNIGHTS WITH THE OT	HER PERSON?
DO YOU HAVE AN 8332 ON FILE FOR ANY YEARS?	YES / NO IF SO, PLEASE PROVIDE A COPY OF IT.		
	HEAD OF HOUSEHOLD FILIN	NG STATUS	
IF YOU WERE ASKED BY THE IRS, CAN YOU PROVIDE (EXAMPLES: RENT, MORTGAGE, GROCERY RECEIPTS	PROOF OF KEEPING UP HOUSEHOLD FOR YOU & YOUR DEPEIS, UTILITIES)	NDENT? YES / NO	
DID ANYONE ELSE LIVE WITH YOU? YES / NO			
NAME?	RELATIONSHIP		
	RELATIONSHIP		
	RELATIONSHIP		
DID ANYONE HELP PAY FOR THE ABOVE LIVING EXP	PENSES? YES / NO IF SO WHAT PORTION / PERCENTAGE? _		
	DEPENDENTS NOTE	:5	