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CUSTODIAL PARENT FORM

Client's Name: _____

Child's Name: _____

Are you the custodial parent? _____

If not, name of custodial parent: _____

Did the child live with you more than 6 months during the year? _____

If the child is in the custody of both parents how many nights did the child spend with you? _____

If equal number of day/nights, who has the highest AGI? _____

Has the custodial parent signed the 8332 (written declaration) or do you have a legal written agreement to take the child as a deduction for the year? _____

Tax Payer's Signature: _____

Date: _____