

# Multiple Support Declaration

▶ Attach to Form 1040 or Form 1040A.

Name(s) shown on return

Your social security number

During the calendar year \_\_\_\_\_, the eligible persons listed below each paid over 10% of the support of:

.....  
Name of your qualifying relative

I have a signed statement from each eligible person waiving his or her right to claim this person as a dependent for any tax year that began in the above calendar year.

.....  
Eligible person's name Social security number

.....  
Address (number, street, apt. no., city, state, and ZIP code)

.....  
Eligible person's name Social security number

.....  
Address (number, street, apt. no., city, state, and ZIP code)

.....  
Eligible person's name Social security number

.....  
Address (number, street, apt. no., city, state, and ZIP code)

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