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Client Name \_\_\_\_\_

Child/Children's Name(s) \_\_\_\_\_

\_\_\_\_\_

Are you the custodial parent? \_\_\_\_\_

If not - name of custodial parent \_\_\_\_\_

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

Do you have a calendar showing days lived with you or other proof of residence if the IRS requests copies? \_\_\_\_\_

\*see attachment for items IRS will request if needed

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

If equal number of days/nights, who has the highest AGI? \_\_\_\_\_

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

Taxpayers signature \_\_\_\_\_

Date \_\_\_\_\_