NICK J. STORHAUG CERTIFIED PUBLIC ACCOUNTANT

PO BOX 669, LISBON, ND 58054 PHONE (701) 683-5303 FAX (701) 683-4315 PO BOX 12, FORMAN, ND 58032 PHONE (701) 724-3327 FAX (701) 724-4006

Client name
Child 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 days/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

Evidence which may become necessary to prove the above are:

- 1. School Records
- 2. Medical Records
- 3. Daycare Records
- 4. Social Service Records