

Multiple Support Declaration

Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074

Attachment
Sequence No. **114**

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)

Eligible person's name

Social security number

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