

**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