

# Multiple Support Declaration

▶ **Attach to Form 1040.**  
▶ **Go to [www.irs.gov/Form2120](http://www.irs.gov/Form2120) for the latest information.**

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

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