

# Dependent Acknowledgement

I understand that by signing below I am acknowledging that the dependent(s) information/documentation below given by me is **True** and **No False** information is given. I take Full responsibility for all wrong or untrue information/documentation that I provide.

### Dependent Information

Name	Social	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Date