

Schedule CH Individual

Rev. Feb 02 17



**TRANSFER OF CLAIM FOR EXEMPTION FOR CHILD
(CHILDREN) OF DIVORCED OR
SEPARATED PARENTS**

2016

Taxable year beginning on _____, _____ and ending on _____, _____

Taxpayer's name _____

Social Security Number _____

Fill in the joint custody oval if the dependent is subject to this condition.

47

I, _____, agree and promise not to claim an exemption for dependents for
Name of parent releasing claim to exemption
taxable year 2016 for (enter the name(s) of child (children)):

	Joint Custody	Name, Initial	Last Name	Second Last Name	Social Security Number
(01)	<input type="radio"/>				
(02)	<input type="radio"/>				
(03)	<input type="radio"/>				
(04)	<input type="radio"/>				
(05)	<input type="radio"/>				
(06)	<input type="radio"/>				
(07)	<input type="radio"/>				
(08)	<input type="radio"/>				
(09)	<input type="radio"/>				
(10)	<input type="radio"/>				
(11)	<input type="radio"/>				
(12)	<input type="radio"/>				
(13)	<input type="radio"/>				
(14)	<input type="radio"/>				
(15)	<input type="radio"/>				
(16)	<input type="radio"/>				
(17)	<input type="radio"/>				
(18)	<input type="radio"/>				
(19)	<input type="radio"/>				
(20)	<input type="radio"/>				

Signature of parent releasing claim to exemption

(21) _____
Social Security Number

Date