

**Schedule CH Individual**

Rev. Feb 20 18



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

**2017**

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.

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I, \_\_\_\_\_, agree and promise not to claim an exemption for dependents for  
Name of parent releasing claim to exemption  
taxable year 2017 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"/>				
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(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