

Declaration of Dependents Form

Purpose: This form is used to declare all eligible dependents for tax or benefit purposes. Proper completion ensures correct benefit allocation and compliance with legal requirements.

Personal Information

Full Name:	<input type="text"/>
Taxpayer ID / SSN:	<input type="text"/>
Address:	<input type="text"/>
Phone Number:	<input type="text"/>

Dependent(s) Information

#	Full Name	Date of Birth	Relationship	SSN/ID
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add additional sheets if you have more dependents.

Declaration

I hereby declare that the information provided above is true and complete to the best of my knowledge. I understand that any false or misleading information may result in penalties or disqualification of benefits.

Signature: _____ Date: _____