Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

orm 2120

(Rev. December 2005)

Department of the Treasury

Name(s) shown on return

Multiple Support Declaration

► Attach to Form 1040 or Form 1040A.

OMB No. 1545-0071

Attachment Sequence No. **114**

Your social security number

		1 1
During the calendar year	, the eligible persons listed below each paid ov	ver 10% of the support of:
	Name of your qualifying relative	
I have a signed statement from each eligible person we that began in the above calendar year.	vaiving his or her right to claim this person as a d	ependent for any tax year
Eligible person's name	1000	Social security number
Address (number, street, apt. no., city, state, and ZIP code)	G	
Eligible person's name	IV O)	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)		1 1
Eligible person's name		Social security number
Address (number, street, apt. no., city, state, and ZIP code)		

Instructions

What's New

The rules for multiple support agreements still apply to claiming an exemption for a qualifying relative, but they no longer apply to claiming an exemption for a qualifying child. For the definitions of "qualifying relative" and "qualifying child," see Pub. 501, Exemptions, Standard Deduction, and Filing Information.

Purpose of Form

Use Form 2120 to:

- Identify each other eligible person (see below) who paid over 10% of the support of your qualifying relative whom you are claiming as a dependent, and
- Indicate that you have a signed statement from each other eligible person waiving his or her right to claim that person as a dependent.

An eligible person is someone who could have claimed a person as a dependent except that he or she did not pay over half of that person's support.

If there are more than four other eligible persons, attach a statement to your return with the required information.

Claiming a Qualifying Relative

Generally, to claim a person as a qualifying relative, you must pay over half of that person's support. However, even if you did not meet this support test, you may be able to claim him or her as a dependent if all five of the following apply.

- **1.** You and one or more other eligible person(s) (see above) together paid over half of that person's support.
 - 2. You paid over 10% of the support.
 - 3. No one alone paid over half of that person's support.
- **4.** The other dependency tests are met. See Step 4, Qualifying Relative Dependent in the Form 1040 or Form 1040A instructions.
- **5.** Each other eligible person who paid over 10% of the support agrees not to claim that person as a dependent by giving you a signed statement. See *Signed Statement* on this page.

Note. To find out what is included in support, see Pub. 501.

Signed Statement

You must have received, from each other eligible person listed above, a signed statement waiving his or her right to claim the person as a dependent for the calendar year indicated on this form. The statement must include:

- The calendar year the waiver applies to,
- The name of your qualifying relative the eligible person helped to support, and
- The eligible person's name, address, and social security number.

Do not file the signed statement with your return. But you must keep it for your records and be prepared to furnish it and any other information necessary to show that you qualify to claim the person as your dependent.

Additional Information

See Pub. 501 for details.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 6 minutes; **Learning about the law or the form**, 4 minutes; **Preparing the form**, 7 minutes; and **Copying**, assembling, and sending the form to the **IRS**. 13 minutes

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. See the Instructions for Form 1040 or Form 1040A.