



Certificate of Dependence

We/I _____ of _____
(Name(s) of Parent(s) or Legal Guardian(s) (Student's Name)

_____, declare under oath this _____ day of _____, 20_____ that I/we
(Student's Social Security Number) (Day) (Month) (Year)

reside at _____ in _____,
(Street Address) (City) (State)

As a result of providing more than half of his/her financial support, we/I will claim _____
(Student's Name)

as a dependent/tax exemption on our/my Federal and State Income Tax Returns. Furthermore, I understand that we/I will be required to provide a copy of our/my Federal Tax Return Transcript from the Internal Revenue Service by **May 1** of the applicable tax year in order to verify my compliance with this testament. If we/I foresee any issue with claiming our/my dependent or providing information to verify this action, we/I agree to address our/my concern in writing at the time of submitting this document. I acknowledge that failure to provide said documentation may jeopardize our/my dependent's eligibility for South Carolina resident status now or in the future.

Signature _____ Date _____
(Signature of Parent or Legal Guardian) (MM/DD/YYYY)

Signature _____ Date _____
(Signature of Parent or Legal Guardian) (MM/DD/YYYY)

Sworn before me this _____ Day of _____, 20____

Signature _____

Notary Public for the State of _____

(Notary Seal)

My commission expires _____