



12509B049

Print Using  
Blue or Black Ink Only

Social Security number		Spouse's Social Security number	
Your first name	Initial	Last name	
Spouse's first name	Initial	Last name	

**Summary**

1. Enter the total number of boxes checked below for Regular dependents (6) . . . . . ► 1. \_\_\_\_\_
2. Enter the total number of additional boxes checked below for dependents 65 or over (7). . . . . ► 2. \_\_\_\_\_
3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515) . . . . . 3. \_\_\_\_\_

**Dependents** (If a dependent listed below is age 65 or over, please check both boxes 6 and 7.)

1. First name ► _____	Initial _____	Last name ► _____
2. Social Security number ► _____	3. Relationship _____	4. ► <input type="checkbox"/> if under 19
5. Has medical insurance? Yes ► <input type="checkbox"/> No ► <input type="checkbox"/> (For Form 502, resident taxpayers only)	6. <input type="checkbox"/> Regular	7. <input type="checkbox"/> 65 or over

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NAME \_\_\_\_\_ SSN \_\_\_\_\_

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