



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 (4) ► 1. _____
2. Enter the total number of additional boxes checked below for dependents 65 or over (5). ► 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 4 and 5.)

1. First name	Initial	Last name		
► _____	_____	► _____		
2. Social Security Number	3. Relationship		4. <input type="checkbox"/> Regular	5. <input type="checkbox"/> 65 or over
► _____	_____			

1. First name	Initial	Last name		
► _____	_____	► _____		
2. Social Security Number	3. Relationship		4. <input type="checkbox"/> Regular	5. <input type="checkbox"/> 65 or over
► _____	_____			

1. First name	Initial	Last name		
► _____	_____	► _____		
2. Social Security Number	3. Relationship		4. <input type="checkbox"/> Regular	5. <input type="checkbox"/> 65 or over
► _____	_____			

1. First name	Initial	Last name		
► _____	_____	► _____		
2. Social Security Number	3. Relationship		4. <input type="checkbox"/> Regular	5. <input type="checkbox"/> 65 or over
► _____	_____			

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► _____	_____	► _____		
2. Social Security Number	3. Relationship		4. <input type="checkbox"/> Regular	5. <input type="checkbox"/> 65 or over
► _____	_____			



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NAME _____ SSN _____

1. First name	Initial	Last name
▶ _____	_____	▶ _____
2. Social Security Number	3. Relationship	
▶ _____	_____	4. <input type="checkbox"/> Regular 5. <input type="checkbox"/> 65 or over

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2. Social Security Number	3. Relationship	
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2. Social Security Number	3. Relationship	
▶ _____	_____	4. <input type="checkbox"/> Regular 5. <input type="checkbox"/> 65 or over