



15502B049

▶ Your Social Security Number

▶ Spouse's Social Security Number

Print Using Blue or Black Ink Only

Your First Name \_\_\_\_\_ Initial \_\_\_\_\_

Your Last Name \_\_\_\_\_

Spouse's First Name \_\_\_\_\_ Initial \_\_\_\_\_

Spouse's Last Name \_\_\_\_\_

**Summary**

1. Enter the total number checked below for Regular dependents (4) . . . . . ▶ 1. \_\_\_\_\_
2. Enter the total number 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 4 and 5.)

▶ 1.	First Name _____	Initial _____	▶	Last Name _____	<b>DEPENDENT 1</b>
▶ 2.	Social Security Number _____	Relationship _____		Regular _____ 65 or over _____	
	3. _____	4. _____		5. _____	

▶ 1.	First Name _____	Initial _____	▶	Last Name _____	<b>DEPENDENT 2</b>
▶ 2.	Social Security Number _____	Relationship _____		Regular _____ 65 or over _____	
	3. _____	4. _____		5. _____	

▶ 1.	First Name _____	Initial _____	▶	Last Name _____	<b>DEPENDENT 3</b>
▶ 2.	Social Security Number _____	Relationship _____		Regular _____ 65 or over _____	
	3. _____	4. _____		5. _____	

▶ 1.	First Name _____	Initial _____	▶	Last Name _____	<b>DEPENDENT 4</b>
▶ 2.	Social Security Number _____	Relationship _____		Regular _____ 65 or over _____	
	3. _____	4. _____		5. _____	

▶ 1.	First Name _____	Initial _____	▶	Last Name _____	<b>DEPENDENT 5</b>
▶ 2.	Social Security Number _____	Relationship _____		Regular _____ 65 or over _____	
	3. _____	4. _____		5. _____	

▶ 1.	First Name _____	Initial _____	▶	Last Name _____	<b>DEPENDENT 6</b>
▶ 2.	Social Security Number _____	Relationship _____		Regular _____ 65 or over _____	
	3. _____	4. _____		5. _____	



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

▶ 1. First Name _____ Initial _____ Last Name _____	<b>DEPENDENT 7</b>
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. _____ 5. _____	

▶ 1. First Name _____ Initial _____ Last Name _____	<b>DEPENDENT 8</b>
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. _____ 5. _____	

▶ 1. First Name _____ Initial _____ Last Name _____	<b>DEPENDENT 9</b>
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. _____ 5. _____	

▶ 1. First Name _____ Initial _____ Last Name _____	<b>DEPENDENT 10</b>
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. _____ 5. _____	

▶ 1. First Name _____ Initial _____ Last Name _____	<b>DEPENDENT 11</b>
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. _____ 5. _____	

▶ 1. First Name _____ Initial _____ Last Name _____	<b>DEPENDENT 12</b>
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. _____ 5. _____	