



▶ 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 _____	3. Relationship _____	Regular _____	65 or over _____		
		4. _____	5. _____			

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

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

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

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

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



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

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

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

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

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

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

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