



▶ 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 _____		DEPENDENT 1
	Social Security Number _____	Relationship _____		Regular _____	65 or over _____	
▶ 2.	_____	3. _____		4. _____	5. _____	

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

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

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

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

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



17502B149

NAME _____ SSN _____

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

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

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

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

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

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