



18502B049

▶ Your Social Security Number

▶ Spouse's Social Security Number

Print Using Blue or Black Ink Only

Your First Name _____ MI _____

Your Last Name _____

Spouse's First Name _____ MI _____

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, check both 4 and 5.)

▶ 1. _____	First Name	MI	▶	_____	Last Name	DEPENDENT 1
▶ 2. _____	Social Security Number	Relationship		4. <input type="checkbox"/>	5. <input type="checkbox"/>	
3. _____						

▶ 1. _____	First Name	MI	▶	_____	Last Name	DEPENDENT 2
▶ 2. _____	Social Security Number	Relationship		4. <input type="checkbox"/>	5. <input type="checkbox"/>	
3. _____						

▶ 1. _____	First Name	MI	▶	_____	Last Name	DEPENDENT 3
▶ 2. _____	Social Security Number	Relationship		4. <input type="checkbox"/>	5. <input type="checkbox"/>	
3. _____						

▶ 1. _____	First Name	MI	▶	_____	Last Name	DEPENDENT 4
▶ 2. _____	Social Security Number	Relationship		4. <input type="checkbox"/>	5. <input type="checkbox"/>	
3. _____						

▶ 1. _____	First Name	MI	▶	_____	Last Name	DEPENDENT 5
▶ 2. _____	Social Security Number	Relationship		4. <input type="checkbox"/>	5. <input type="checkbox"/>	
3. _____						

▶ 1. _____	First Name	MI	▶	_____	Last Name	DEPENDENT 6
▶ 2. _____	Social Security Number	Relationship		4. <input type="checkbox"/>	5. <input type="checkbox"/>	
3. _____						



18502B149

NAME _____ SSN _____

▶ 1.	First Name _____	MI _____ ▶	Last Name _____			
▶ 2.	Social Security Number _____	3.	Relationship _____	4.	Regular _____	65 or over _____
						DEPENDENT 7

▶ 1.	First Name _____	MI _____ ▶	Last Name _____			
▶ 2.	Social Security Number _____	3.	Relationship _____	4.	Regular _____	65 or over _____
						DEPENDENT 8

▶ 1.	First Name _____	MI _____ ▶	Last Name _____			
▶ 2.	Social Security Number _____	3.	Relationship _____	4.	Regular _____	65 or over _____
						DEPENDENT 9

▶ 1.	First Name _____	MI _____ ▶	Last Name _____			
▶ 2.	Social Security Number _____	3.	Relationship _____	4.	Regular _____	65 or over _____
						DEPENDENT 10

▶ 1.	First Name _____	MI _____ ▶	Last Name _____			
▶ 2.	Social Security Number _____	3.	Relationship _____	4.	Regular _____	65 or over _____
						DEPENDENT 11

▶ 1.	First Name _____	MI _____ ▶	Last Name _____			
▶ 2.	Social Security Number _____	3.	Relationship _____	4.	Regular _____	65 or over _____
						DEPENDENT 12