

EXEMPTIONS—See Instruction 10

(A) Yourself Spouse

Check here if you are:
 65 or over Blind

Spouse is:
 65 or over Blind

(A) Enter No. Checked..... See Instruction 10 \$

(B) Enter No. Checked..... × \$1,000 \$

(C) Enter No. Checked in Columns 6 & 7..... See Instruction 10 \$

(D) Enter the Total Exemptions (Add A, B, and C)..... Total Amount \$

Exemption Amount

(1) First name		(2) Social Security number		(3) Relationship	(4) Check if Dep. under age 19 <input type="checkbox"/>	(5) If (4) is checked, does child have health insurance now?		(6) Regular	(7) 65 or Over
Last name						<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/>							
		<input type="checkbox"/>							
		<input type="checkbox"/>							
		<input type="checkbox"/>							