MARYLAND Dependents' Information (Attach to Form 502, 505 or 515.)



2013 Attachment Sequence No. **06**

	Social Security Number		Spouse's Social Security Number							
Only										
Print Using or Black Ink Only	Your first name Initial Last name									
int U Black										
0	Spouse's first name	Initial	Last name							
Blue										
Sun	nmary						_			
Summary										
1. Enter the total number of boxes checked below for Regular dependents (6) ▶ 1										
2. E	nter the total number of add	dition	al boxes checked belo	w for depende	ents 65	5 or over (7)	_			
3. To	otal dependent exemptions	(Add	lines 1 and 2 and ent	er the total he	ere and	d on line (C) of the				
							_			
Dependents (If a dependent listed below is age 65 or over, please check both boxes 6 and 7.)										
	First name			Initial		Last name				
	not name									
					_					
2.	Social Security Number			3. Relationship						
▶					_	4. ▶ if under 19				
5.	Has medical insurance?	Yes 🕨	No ►	6. Regu	ular	7. 65 or over				
	(For Form 502, resident taxpayers of	only.)								
1. F	First name			Initial		Last name	_			
•						>				
				2	_					
2. Social Security Number				3. Relationship		4. ▶ if under 19				
					_	T. P III dilder 17				
5. 1	Has medical insurance? (For Form 502, resident taxpayers o	Yes -	No No	6. Regu	ular	7 65 or over				
	(FOI FOITH 502, Tesident taxpayers o	ully.)								
1. F	First name			Initial		Last name				
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2.	Social Security Number			3. Relationship						
						4. ▶ if under 19				
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5. 1	Has medical insurance? (For Form 502, resident taxpayers o	Yes ▶	No ►	6. Regu	ular	7 65 or over				
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1. F	First name			Initial		Last name				
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2.	Social Security Number			3. Relationship						
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	Harman dia 10	,. ►		,	.1.	7 (5				
5.	Has medical insurance? (For Form 502, resident taxpayers o	Yes ▶ onlv.)	No ▶	6. Regu	ular	7 65 or over				
l	tanpayors o									





NAME SSN							
Dependents							
1. First name	Initial	Last name					
•		<u> </u>					
2. Social Security Number	3. Relationship						
>		4. ▶ if under 19					
5. Has medical insurance? Yes ► No ► (For Form 502, resident taxpayers only.)	6. Regular	7. 65 or over					
1. First name	Initial	Last name					
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2. Social Security Number	3. Relationship						
2. Social Security Number	5. Relationship	4. ▶ if under 19					
5. Has medical insurance? Yes ► No ►	6. Regular	7. 65 or over					
(For Form 502, resident taxpayers only.)							
1. First name	Initial	Last name					
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2. Social Security Number	3. Relationship						
>		4. ▶ if under 19					
5. Has medical insurance? Yes ► No ►	6. Regular	7. 65 or over					
(For Form 502, resident taxpayers only.)							
1. First name	Initial	Last name					
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2. Social Security Number	3. Relationship						
•		4. ▶ if under 19					
5. Has medical insurance? Yes No	6. Regular	7. 65 or over					
1. First name	Initial	Last name					
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5. Has medical insurance? Yes No	6. Regular	7 65 or over					