

**Schedule DI** Dependent Information. **Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.**

## 2013

You must complete this schedule if you are claiming a dependent exemption(s) on Form 1, line 2b or Form 1-NR/PY, line 4b or taking a deduction/credit(s) on Form 1, lines 12, 13 or 40 or Form 1-NR/PY, lines 16, 17 or 45. Complete information below for each dependent. Do not include yourself or your spouse. If you are claiming more than 10 dependents, see instructions.

1. FIRST NAME <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	M.I. <div style="border-bottom: 1px solid black; height: 1.2em; width: 1.2em; display: flex; align-items: center; justify-content: center;"> <div style="width: 0.8em; height: 0.8em; border: 1px solid black; border-radius: 50%;"></div> </div>	LAST NAME <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
RELATIONSHIP TO TAXPAYER <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>		IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">▶</span> <div style="border: 1px solid black; border-radius: 50%; width: 1.2em; height: 1.2em; display: flex; align-items: center; justify-content: center;"> <div style="width: 0.8em; height: 0.8em; border: 1px solid black; border-radius: 50%;"></div> </div> <span>Yes</span> </div>
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10. FIRST NAME <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>		

1. SOCIAL SECURITY NUMBER

DATE OF BIRTH

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2. SOCIAL SECURITY NUMBER

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4. SOCIAL SECURITY NUMBER

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