



14502B049

Print Using Blue or Black Ink Only.

Social Security Number		Spouse's Social Security Number	
Your first name	Initial	Last name	
Spouse's first name	Initial	Last name	

**Summary**

1. Enter the total number of boxes checked below for Regular dependents (4) . . . . . ► 1. \_\_\_\_\_
2. Enter the total number of additional boxes 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 boxes 4 and 5.)

1. First name	Initial	Last name		
► _____	_____	► _____		
2. Social Security Number	3. Relationship		4. <input type="checkbox"/> Regular	5. <input type="checkbox"/> 65 or over
► _____	_____			

1. First name	Initial	Last name		
► _____	_____	► _____		
2. Social Security Number	3. Relationship		4. <input type="checkbox"/> Regular	5. <input type="checkbox"/> 65 or over
► _____	_____			

1. First name	Initial	Last name		
► _____	_____	► _____		
2. Social Security Number	3. Relationship		4. <input type="checkbox"/> Regular	5. <input type="checkbox"/> 65 or over
► _____	_____			

1. First name	Initial	Last name		
► _____	_____	► _____		
2. Social Security Number	3. Relationship		4. <input type="checkbox"/> Regular	5. <input type="checkbox"/> 65 or over
► _____	_____			

1. First name	Initial	Last name		
► _____	_____	► _____		
2. Social Security Number	3. Relationship		4. <input type="checkbox"/> Regular	5. <input type="checkbox"/> 65 or over
► _____	_____			



14502B149

NAME \_\_\_\_\_ SSN \_\_\_\_\_

1. First name	Initial	Last name
▶ _____	_____	▶ _____
2. Social Security Number	3. Relationship	
▶ _____	_____	4. <input type="checkbox"/> Regular 5. <input type="checkbox"/> 65 or over

1. First name	Initial	Last name
▶ _____	_____	▶ _____
2. Social Security Number	3. Relationship	
▶ _____	_____	4. <input type="checkbox"/> Regular 5. <input type="checkbox"/> 65 or over

1. First name	Initial	Last name
▶ _____	_____	▶ _____
2. Social Security Number	3. Relationship	
▶ _____	_____	4. <input type="checkbox"/> Regular 5. <input type="checkbox"/> 65 or over

1. First name	Initial	Last name
▶ _____	_____	▶ _____
2. Social Security Number	3. Relationship	
▶ _____	_____	4. <input type="checkbox"/> Regular 5. <input type="checkbox"/> 65 or over

1. First name	Initial	Last name
▶ _____	_____	▶ _____
2. Social Security Number	3. Relationship	
▶ _____	_____	4. <input type="checkbox"/> Regular 5. <input type="checkbox"/> 65 or over

1. First name	Initial	Last name
▶ _____	_____	▶ _____
2. Social Security Number	3. Relationship	
▶ _____	_____	4. <input type="checkbox"/> Regular 5. <input type="checkbox"/> 65 or over

1. First name	Initial	Last name
▶ _____	_____	▶ _____
2. Social Security Number	3. Relationship	
▶ _____	_____	4. <input type="checkbox"/> Regular 5. <input type="checkbox"/> 65 or over