



15502B049

▶ Your Social Security Number

▶ Spouse's Social Security Number

Print Using Blue or Black Ink Only

Your First Name _____ Initial _____

Your Last Name _____

Spouse's First Name _____ Initial _____

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, please check both 4 and 5.)

▶ 1.	First Name _____	Initial _____	▶	Last Name _____	DEPENDENT 1
▶ 2.	Social Security Number _____	Relationship _____		Regular _____ 65 or over _____	
		3.		4. _____	5. _____

▶ 1.	First Name _____	Initial _____	▶	Last Name _____	DEPENDENT 2
▶ 2.	Social Security Number _____	Relationship _____		Regular _____ 65 or over _____	
		3.		4. _____	5. _____

▶ 1.	First Name _____	Initial _____	▶	Last Name _____	DEPENDENT 3
▶ 2.	Social Security Number _____	Relationship _____		Regular _____ 65 or over _____	
		3.		4. _____	5. _____

▶ 1.	First Name _____	Initial _____	▶	Last Name _____	DEPENDENT 4
▶ 2.	Social Security Number _____	Relationship _____		Regular _____ 65 or over _____	
		3.		4. _____	5. _____

▶ 1.	First Name _____	Initial _____	▶	Last Name _____	DEPENDENT 5
▶ 2.	Social Security Number _____	Relationship _____		Regular _____ 65 or over _____	
		3.		4. _____	5. _____

▶ 1.	First Name _____	Initial _____	▶	Last Name _____	DEPENDENT 6
▶ 2.	Social Security Number _____	Relationship _____		Regular _____ 65 or over _____	
		3.		4. _____	5. _____



15502B149

NAME _____ SSN _____

▶ 1. First Name _____ Initial _____ ▶ Last Name _____	DEPENDENT 7
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. ____ 5. ____	

▶ 1. First Name _____ Initial _____ ▶ Last Name _____	DEPENDENT 8
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. ____ 5. ____	

▶ 1. First Name _____ Initial _____ ▶ Last Name _____	DEPENDENT 9
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. ____ 5. ____	

▶ 1. First Name _____ Initial _____ ▶ Last Name _____	DEPENDENT 10
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. ____ 5. ____	

▶ 1. First Name _____ Initial _____ ▶ Last Name _____	DEPENDENT 11
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. ____ 5. ____	

▶ 1. First Name _____ Initial _____ ▶ Last Name _____	DEPENDENT 12
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. ____ 5. ____	