



16502B049

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

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

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

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

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

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



16502B149

NAME _____ SSN _____

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

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

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

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

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

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