SCHEDULE
DS & HOF 2023
(Form 40 or 40NR)

Alabama Department of Revenue
Dependents Schedule

NAME(S) AS SHOWN ON TAX RETURN

PRIMARY'S SOCIAL SECURITY NUMBER   SPOUSE'S SOCIAL SECURITY NUMBER

Schedule DS – Dependents Schedule

See instructions for definition of a dependent. **NOTE:** *If you checked filing status 3 (Married filing separate), you may claim* **only** *the dependent(s) for whom you* **separately** *furnished over 50% of the total support.*

1a   Dependents. *Do not include yourself or your spouse.* (See Instructions)

First Name	Last Name	Dependent's Social Security Number	Dependent's Relationship to you	Did you provide more than one-half dependent's support?
		●		
		●		
		●		
		●		
		●		
		●		
		●		
		●		
		●		
		●		
		●		
		●		

1b   Total number of dependents claimed above. Enter total here and on
Form 40, Page 2, Part III, line 1 or Form 40NR, Page 2, Part V, line 1 . . . . **1b●**

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NAME(S) as shown on tax return (Do not enter name and social security number if shown on other side)

_____

PRIMARY SOCIAL SECURITY NUMBER   SPOUSE SOCIAL SECURITY NUMBER

_____   _____

Schedule HOF – Head of Family Schedule

Complete the following information:	
Enter the dependent/qualifying person's name here: _____	
Dependents/qualifying person's Social Security Number: _____	
What is the dependent's/qualifying person's relationship to you:_____	
Do you rent or own the home maintained for the dependent/qualifying person?	☐ Rent ☐ Own
Are you married, divorced, or legally separated?	☐ Yes ☐ No
If you answered yes, please provide the following information: Date of Marriage?_____ Date of Divorce?_____ Date of Legal Separation?_____	
Did the dependent(s)/ qualifying person(s) reside with you in your home?	☐ Yes ☐ No
Did you pay more than 50% of the dependent(s)/ qualifying person(s) support?	☐ Yes ☐ No

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