

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

2023

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 43 or 46 or Form 1-NR/PY, lines 47 or 50. 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										M.I.		LAST NAME									
RELATIONSHIP TO TAXPAYER										IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes											
										IS DEPENDENT DISABLED <input type="radio"/> Yes											

2. FIRST NAME										M.I.		LAST NAME									
RELATIONSHIP TO TAXPAYER										IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes											
										IS DEPENDENT DISABLED <input type="radio"/> Yes											

3. FIRST NAME										M.I.		LAST NAME									
RELATIONSHIP TO TAXPAYER										IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes											
										IS DEPENDENT DISABLED <input type="radio"/> Yes											

4. FIRST NAME										M.I.		LAST NAME									
RELATIONSHIP TO TAXPAYER										IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes											
										IS DEPENDENT DISABLED <input type="radio"/> Yes											

5. FIRST NAME										M.I.		LAST NAME									
RELATIONSHIP TO TAXPAYER										IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes											
										IS DEPENDENT DISABLED <input type="radio"/> Yes											

6. FIRST NAME										M.I.		LAST NAME											
RELATIONSHIP TO TAXPAYER												IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes											
												IS DEPENDENT DISABLED <input type="radio"/> Yes											

7. FIRST NAME										M.I.		LAST NAME											
RELATIONSHIP TO TAXPAYER												IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes											
												IS DEPENDENT DISABLED <input type="radio"/> Yes											

8. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes	
	IS DEPENDENT DISABLED <input type="radio"/> Yes	

9. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER		
IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?		<input type="radio"/> Yes
IS DEPENDENT DISABLED		<input type="radio"/> Yes

10. FIRST NAME										M.I.		LAST NAME									
RELATIONSHIP TO TAXPAYER										IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes											
										IS DEPENDENT DISABLED <input type="radio"/> Yes											

1. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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2. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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3. SOCIAL SECURITY NUMBER

DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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4. SOCIAL SECURITY NUMBER

DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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5. SOCIAL SECURITY NUMBER

DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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6. SOCIAL SECURITY NUMBER

DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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7. SOCIAL SECURITY NUMBER

DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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8. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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9. SOCIAL SECURITY NUMBER

DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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10. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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