

SOCIA	L SECI	JRITY	NUMB	ER		

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

2024

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	1. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER		VOC	DATE OF BIRTH
		IS DEPENDENT DISABLED Yes	
2. FIRST NAME	M.I.		2. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER		IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes	DATE OF BIRTH
			MMDDYYYY
		IS DEPENDENT DISABLED Yes	<u> </u>
3. FIRST NAME	M.I.	LAST NAME	3. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER		IS DEPENDENT A QUALIFYING WHILD FOR EARNED INCOME CREDIT? Yes	DATE OF BIRTH
		IS DEPENDENT A SABLED Yes	
4. FIRST NAME	M.I.	LAST NAME	4. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER		DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
		is dependent disabled Yes	
5. FIRST NAME	M.I.	· · · · · · · · · · · · · · · · · · ·	5. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER		IS DEPENDENT A QUALIFYING CHILD FOR EARLED IN OME CREDIT? YES	
RECATIONSHIP TO TAXPATEN		IS DEPENDENT A QUALIF WINGSHILD FOR EARLED INCOME CREDIT?	DATE OF BIRTH
		IS DEPENDENT DISABLED. Yes	[M M D D Y Y Y Y]
		TO DEL ENDENT JON DEED	
6. FIRST NAME	M.I.	LAST NAME	6. SOCIAL SECURITY NUMBER
6. FIRST NAME	M.I.	/	6. SOCIAL SECURITY NUMBER
6. FIRST NAME RELATIONSHIP TO TAXPAYER	M.I.	LAST NAME	6. SOCIAL SECURITY NUMBER  DATE OF BIRTH
	M.I.	S DERENDENT A QUADRYING CHILD FOR EARNED INCOME CREDIT?  Yes	
RELATIONSHIP TO TAXPAYER		S DEPENDENT A CHALLY CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT DISABLED  Yes	DATE OF BIRTH  M M D D Y Y Y Y
		S DERENDENT A QUADRYING CHILD FOR EARNED INCOME CREDIT?  Yes	
RELATIONSHIP TO TAXPAYER  7. FIRST NAME		S DEPENDENT A QUADRING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT DISABLED  Yes  LAST NAME	DATE OF BIRTH  M M D D Y Y Y Y
RELATIONSHIP TO TAXPAYER		S DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT TO SUBJECT OF THE PROPERTY OF THE	DATE OF BIRTH  M M D D Y Y Y Y
RELATIONSHIP TO TAXPAYER  7. FIRST NAME		S DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT TO SUBJECT OF THE PROPERTY OF THE	DATE OF BIRTH  MMDDDYYYYY  7. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER  7. FIRST NAME	M.I.	AST NAME  S. DERENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes	DATE OF BIRTH  MMDDDYYYYY  7. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER  7. FIRST NAME  RELATIONSHIP TO TAXPAYER	M.I.	AST NAME  S. DERENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes	DATE OF BIRTH  M M D D Y Y Y Y  7. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y  Y
RELATIONSHIP TO TAXPAYER  7. FIRST NAME  RELATIONSHIP TO TAXPAYER	M.I.	LAST NAME  S DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  LAST NAME  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT DISABLED  Yes  LAST NAME	DATE OF BIRTH  M M D D Y Y Y Y  7. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y  Y
RELATIONSHIP TO TAXPAYER  7. FIRST NAME  RELATIONSHIP TO TAXPAYER  8. FIRST NAME	M.I.	S DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes	DATE OF BIRTH  M M D D Y Y Y Y  7. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y  8. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER  7. FIRST NAME  RELATIONSHIP TO TAXPAYER  8. FIRST NAME  RELATIONSHIP TO TAXPAYER	M.I.	S. DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT DISABLED  Yes	DATE OF BIRTH  M M D D Y Y Y Y  7. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y  8. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y
RELATIONSHIP TO TAXPAYER  7. FIRST NAME  RELATIONSHIP TO TAXPAYER  8. FIRST NAME	M.I.	S. DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT DISABLED  Yes	DATE OF BIRTH  M M D D Y Y Y Y  7. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y  8. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER  7. FIRST NAME  RELATIONSHIP TO TAXPAYER  8. FIRST NAME  9. FIRST NAME	M.I.	Sperendent a qualifying child for Earned Income Credit?  Is dependent a qualifying child for Earned Income Credit?  Yes  Is dependent a qualifying child for Earned Income Credit?  Yes  Is dependent a qualifying child for Earned Income Credit?  Yes  Is dependent a qualifying child for Earned Income Credit?  Yes  Is dependent a qualifying child for Earned Income Credit?  Yes  Is dependent disabled  Yes  Last name	DATE OF BIRTH  M M D D Y Y Y Y  7. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y  8. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y
RELATIONSHIP TO TAXPAYER  7. FIRST NAME  RELATIONSHIP TO TAXPAYER  8. FIRST NAME  RELATIONSHIP TO TAXPAYER	M.I.	AST NAME  S. DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT DISABLED  Yes  LAST NAME	DATE OF BIRTH  MMDDDYYYYY  7. SOCIAL SECURITY NUMBER  DATE OF BIRTH  MMDDDYYYYY  8. SOCIAL SECURITY NUMBER  DATE OF BIRTH  MMDDDYYYYY  9. SOCIAL SECURITY NUMBER  DATE OF BIRTH
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RELATIONSHIP TO TAXPAYER  7. FIRST NAME  8. FIRST NAME  RELATIONSHIP TO TAXPAYER  9. FIRST NAME  10. FIRST NAME	M.I.	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  LAST NAME	DATE OF BIRTH  MMDDDYYYYY  7. SOCIAL SECURITY NUMBER  DATE OF BIRTH  MMDDDYYYYY  8. SOCIAL SECURITY NUMBER  DATE OF BIRTH  MMDDDYYYYY  9. SOCIAL SECURITY NUMBER  DATE OF BIRTH  MMDDDYYYYY  10. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER  7. FIRST NAME  RELATIONSHIP TO TAXPAYER  8. FIRST NAME  9. FIRST NAME	M.I.	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  LAST NAME	DATE OF BIRTH  MMDDDYYYYY  7. SOCIAL SECURITY NUMBER  DATE OF BIRTH  MMDDDYYYYY  8. SOCIAL SECURITY NUMBER  DATE OF BIRTH  MMDDDYYYYY  9. SOCIAL SECURITY NUMBER  DATE OF BIRTH  MMDDDYYYYYY  AMD DYYYYYY  MMDDDYYYYYY  MMDDDYYYYYYY  MMDDDYYYYYYY