



22502B099

Your Social Security Number

Spouse's Social Security Number

Print Using Blue or Black Ink Only

Your First Name MI

Your Last Name

Spouse's First Name MI

Spouse's Last Name

Summary

- 1. Enter the total number checked below for Regular dependents (4)
2. Enter the total number checked below for dependents 65 or over (5)
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.)

Dependents (If a dependent listed below is age 65 or over, check both 4 and 5.)

Form for dependent 1: First Name, MI, Last Name, Social Security Number, Relationship, Regular, 65 or over, Check here, DOB

Form for dependent 2: First Name, MI, Last Name, Social Security Number, Relationship, Regular, 65 or over, Check here, DOB

Form for dependent 3: First Name, MI, Last Name, Social Security Number, Relationship, Regular, 65 or over, Check here, DOB

Form for dependent 4: First Name, MI, Last Name, Social Security Number, Relationship, Regular, 65 or over, Check here, DOB

Form for dependent 5: First Name, MI, Last Name, Social Security Number, Relationship, Regular, 65 or over, Check here, DOB

Form for dependent 6: First Name, MI, Last Name, Social Security Number, Relationship, Regular, 65 or over, Check here, DOB

