



18502B099

▶ 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) ▶ 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, check both 4 and 5.)

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

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

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

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

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

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



18502B199

NAME _____ SSN _____

▶ 1.	First Name _____	MI _____	Last Name _____						
▶ 2.	Social Security Number _____	Relationship _____	Regular _____	65 or over _____					DEPENDENT 7
▶ 3.	_____	3. _____	4. _____	5. _____					

▶ 1.	First Name _____	MI _____	Last Name _____						
▶ 2.	Social Security Number _____	Relationship _____	Regular _____	65 or over _____					DEPENDENT 8
▶ 3.	_____	3. _____	4. _____	5. _____					

▶ 1.	First Name _____	MI _____	Last Name _____						
▶ 2.	Social Security Number _____	Relationship _____	Regular _____	65 or over _____					DEPENDENT 9
▶ 3.	_____	3. _____	4. _____	5. _____					

▶ 1.	First Name _____	MI _____	Last Name _____						
▶ 2.	Social Security Number _____	Relationship _____	Regular _____	65 or over _____					DEPENDENT 10
▶ 3.	_____	3. _____	4. _____	5. _____					

▶ 1.	First Name _____	MI _____	Last Name _____						
▶ 2.	Social Security Number _____	Relationship _____	Regular _____	65 or over _____					DEPENDENT 11
▶ 3.	_____	3. _____	4. _____	5. _____					

▶ 1.	First Name _____	MI _____	Last Name _____						
▶ 2.	Social Security Number _____	Relationship _____	Regular _____	65 or over _____					DEPENDENT 12
▶ 3.	_____	3. _____	4. _____	5. _____					