

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**

<b>Complete the following information:</b>	
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? .....	<input type="checkbox"/> Rent <input type="checkbox"/> Own
Are you married, divorced, or legally separated? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered yes, please provide the following information:</i>	
Date of Marriage? _____	
Date of Divorce? _____	
Date of Legal Separation? _____	
Did the dependent(s)/ qualifying person(s) reside with you in your home? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you pay more than 50% of the dependent(s)/ qualifying person(s) support? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No