

Your Social Security Number _____ Spouse's Social Security Number _____

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 _____	Check here <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number _____	Relationship _____	Regular _____ 65 or over _____	DOB (MM/DD/YYYY) ► _____
2. _____	3. _____	4. _____ 5. _____	

1. _____	MI _____	Last Name _____	Check here <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number _____	Relationship _____	Regular _____ 65 or over _____	DOB (MM/DD/YYYY) ► _____
2. _____	3. _____	4. _____ 5. _____	

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Social Security Number _____	Relationship _____	Regular _____ 65 or over _____	DOB (MM/DD/YYYY) ► _____
2. _____	3. _____	4. _____ 5. _____	

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Social Security Number _____	Relationship _____	Regular _____ 65 or over _____	DOB (MM/DD/YYYY) ► _____
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Social Security Number _____	Relationship _____	Regular _____ 65 or over _____	DOB (MM/DD/YYYY) ► _____
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Social Security Number _____	Relationship _____	Regular _____ 65 or over _____	DOB (MM/DD/YYYY) ► _____
2. _____	3. _____	4. _____ 5. _____	

