DEPARTMENT OF REVENUE

2023 Schedule M1DQC, Dependents and Qualifying Children

Use this schedule to provide information about your dependents, qualifying children. If you need to list more than three, provide a separate statement with the additional dependents and qualifying children.

Your First Name and Initial _____ Last Name _____ Social Security Number _____

	A — Child 1	B — Child 2	C — Child 3
First name and middle initial a1	_____	b1 _____	c1 _____
Last name a2	_____	b2 _____	c2 _____
Social Security Number or Individual Taxpayer Identification Number a3	_____	b3 _____	c3 _____
Date of Birth a4	_____	b4 _____	c4 _____
Relationship to you a5	_____	b5 _____	c5 _____
Check the box if you are claiming them as a dependent a6	☐	b6 ☐	c6 ☐
Number of months they lived with you a7	_____	b7 _____	c7 _____
Check the box if they were over age 17 but under age 24 and a full-time student a8	☐	b8 ☐	c8 ☐
Check the box if they were permanently and totally disabled in any part of 2023 ..... a9	☐	b9 ☐	c9 ☐
Check the box if they are a qualifying child a10	☐	b10 ☐	c10 ☐
Check the box if they are a qualifying older child a11	☐	b11 ☐	c11 ☐