

Page 3 of 5 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Section 2—Qualifying individuals. List your qualifying individuals in order from youngest to oldest. Complete all information for each qualifying individual.

5a. First name 5b. Initial 5c. Last name

5d. SSN 5e. Code* 5f. Date of birth (MM/DD/YYYY)

5g. Disabled

5h. Total expenses paid for care..... 5h.

5i. Portion of expenses someone else paid for care on your behalf 5i.

5j. Portion of expenses you paid for care..... 5j.

6a. First name 6b. Initial 6c. Last name

6d. SSN 6e. Code* 6f. Date of birth (MM/DD/YYYY)

6g. Disabled

6h. Total expenses paid for care..... 6h.

6i. Portion of expenses someone else paid for care on your behalf 6i.

6j. Portion of expenses you paid for care..... 6j.

7a. First name 7b. Initial 7c. Last name

7d. SSN 7e. Code* 7f. Date of birth (MM/DD/YYYY)

7g. Disabled

7h. Total expenses paid for care..... 7h.

7i. Portion of expenses someone else paid for care on your behalf 7i.

7j. Portion of expenses you paid for care..... 7j.

*Qualifying individual to taxpayer relationship code—see instructions to determine the appropriate code.

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