



12509B049

Print Using
Blue or Black Ink Only

Social Security number		Spouse's Social Security number	
Your first name	Initial	Last name	
Spouse's first name	Initial	Last name	

Summary

1. Enter the total number of boxes checked below for Regular dependents (6) ► 1. _____
2. Enter the total number of additional boxes checked below for dependents 65 or over (7). ► 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, please check both boxes 6 and 7.)

1. First name ► _____	Initial _____	Last name ► _____
2. Social Security number ► _____	3. Relationship _____	4. ► <input type="checkbox"/> if under 19
5. Has medical insurance? Yes ► <input type="checkbox"/> No ► <input type="checkbox"/> (For Form 502, resident taxpayers only)	6. <input type="checkbox"/> Regular	7. <input type="checkbox"/> 65 or over

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2. Social Security number ► _____	3. Relationship _____	4. ► <input type="checkbox"/> if under 19
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NAME _____ SSN _____

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