



20502B049

▶ Your Social Security Number ▶ Spouse's Social Security Number

Print Using Blue or Black Ink Only

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.	First Name _____ 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 _____
▶ 2.	_____	3.	_____	4.	_____
				5.	_____
				DOB (MM/DD/YYYY) ▶	_____

▶ 1.	First Name _____ 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 _____
▶ 2.	_____	3.	_____	4.	_____
				5.	_____
				DOB (MM/DD/YYYY) ▶	_____

▶ 1.	First Name _____ 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 _____
▶ 2.	_____	3.	_____	4.	_____
				5.	_____
				DOB (MM/DD/YYYY) ▶	_____

▶ 1.	First Name _____ 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 _____
▶ 2.	_____	3.	_____	4.	_____
				5.	_____
				DOB (MM/DD/YYYY) ▶	_____

▶ 1.	First Name _____ 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 _____
▶ 2.	_____	3.	_____	4.	_____
				5.	_____
				DOB (MM/DD/YYYY) ▶	_____

