

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

**Total**

1. Enter the total number of boxes checked below for Regular dependents (6) . . . . . ► 1. \_\_\_\_\_
2. Enter the total number of 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**

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"/>	6. <input type="checkbox"/> Regular	7. <input type="checkbox"/> 65 or over	
(For Form 502, resident taxpayers only)			

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"/>	6. <input type="checkbox"/> Regular	7. <input type="checkbox"/> 65 or over	
(For Form 502, resident taxpayers only)			

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"/>	6. <input type="checkbox"/> Regular	7. <input type="checkbox"/> 65 or over	
(For Form 502, resident taxpayers only)			

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"/>	6. <input type="checkbox"/> Regular	7. <input type="checkbox"/> 65 or over	
(For Form 502, resident taxpayers only)			

NAME \_\_\_\_\_ SSN \_\_\_\_\_

**Dependents**

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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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

VENDOR DRAFT  
08.29.12