< Only	Social Security number	Spouse's Social Security number				
Print Using or Black Ink	Your first name	Initial	Last name			
Pl Blue or	Spouse's first name	Initial	Last name			

ll USII	Spouse's first name	Initiai	Last name		
Blue or E	Spouse's first name	Initial	Last name		
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. E	nter the total number	of boxes ch	necked below for Re	egular dependents (6))▶1
					(7)▶2
	otal dependent exempt				
					3
)ep	endents				
1.	First name			Initial	Last name
2.	Social Security number			3. Relationship	\
•					4. ▶ if under 19
5.	Has medical insurance	? Yes ▶	No ▶	6. Regular	7. 65 or over
	(For Form 502, resident taxp	payers only)			
1.	First name			Initial	Last name
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2.	Social Security number		.6	3. Relationship	
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5.	Has medical insurance	? Yes	No.▶□	6. Regular	7. 65 or over
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— 2	Social Security number			3. Relationship	
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5.	Has medical insurance	? Yes ▶	No No	6. Regular	7. 65 or over
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1. 1	First name			Initial	Last name
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	Social Security number			3. Relationship	
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5	Has medical insurance	? Yes ▶	No ▶	6. Regular	7. 65 or over
J.	(For Form 502, resident taxp		110	o Regular	7 05 01 0401

502B (Attach to Form 502, 505 or 515)

NAME SSN		
Dependents		
1. First name	Initial	Last name
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2. Social Security number ▶	3. Relationship	4. ▶ if under 19
5. Has medical insurance? Yes ► No ► (For Form 502, resident taxpayers only)	6. Regular	7. 65 or over
1. First name	Initial	Last name
>		>
2. Social Security number	3. Relationship	4. if under 19
5. Has medical insurance? Yes ► No ► (For Form 502, resident taxpayers only)	6. Regular	7. 65 or over
1. First name	Initial	Last name
>	X	<u> </u>
2. Social Security number	3. Relationship	4. ▶ if under 19
5. Has medical insurance? Yes ► No ► (For Form 502, resident taxpayers only)	6. Regular	7. 65 or over
1. First name	Initial	Last name
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2. Social Security number	3. Relationship	4. ▶ if under 19
5. Has medical insurance? Yes ► No ► (For Form 502, resident taxpayers only)	6. Regular	7. 65 or over
1. First name	Initial	Last name
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2. Social Security number ▶	3. Relationship	4. ▶ if under 19
5. Has medical insurance? Yes ► No ► (For Form 502, resident taxpayers only)	6. Regular	7. 65 or over