

IMPORTANT NOTE: Social Security numbers and names for each person on the tax return **MUST** match the listing in the Social Security Administration files (please, check your cards!).
The IRS WILL REJECT data related to persons without EXACT MATCHES, which will result in disallowed exemptions and deductions.

| | Dependent (1) | Dependent (2) |
|------------------------------|--|--|
| First name and initial | | |
| Last name | | |
| Title/suffix | | |
| Social security number | | |
| Relationship | | |
| Date of birth (m/d/y) | | |
| Months lived at home in 2016 | Note: Time spent at college, camp, etc. is considered time at home. | |
| Type of Dependent | <input type="checkbox"/> Child at home <input type="checkbox"/> Child not at home <input type="checkbox"/> Dependent other than child <input type="checkbox"/> Head of Household only, not a dependent <input type="checkbox"/> Earned Income Credit only, not a dependent | <input type="checkbox"/> Child at home <input type="checkbox"/> Child not at home <input type="checkbox"/> Dependent other than child <input type="checkbox"/> Head of Household only, not a dependent <input type="checkbox"/> Earned Income Credit only, not a dependent |

| | Dependent (3) | Dependent (4) |
|------------------------------|--|--|
| First name and initial | | |
| Last name | | |
| Title/suffix | | |
| Social security number | | |
| Relationship | | |
| Date of birth (m/d/y) | | |
| Months lived at home in 2016 | Note: Time spent at college, camp, etc. is considered time at home. | |
| Type of Dependent | <input type="checkbox"/> Child at home <input type="checkbox"/> Child not at home <input type="checkbox"/> Dependent other than child <input type="checkbox"/> Head of Household only, not a dependent <input type="checkbox"/> Earned Income Credit only, not a dependent | <input type="checkbox"/> Child at home <input type="checkbox"/> Child not at home <input type="checkbox"/> Dependent other than child <input type="checkbox"/> Head of Household only, not a dependent <input type="checkbox"/> Earned Income Credit only, not a dependent |

| | Dependent (5) | Dependent (6) |
|------------------------------|--|--|
| First name and initial | | |
| Last name | | |
| Title/suffix | | |
| Social security number | | |
| Relationship | | |
| Date of birth (m/d/y) | | |
| Months lived at home in 2016 | Note: Time spent at college, camp, etc. is considered time at home. | |
| Type of Dependent | <input type="checkbox"/> Child at home <input type="checkbox"/> Child not at home <input type="checkbox"/> Dependent other than child <input type="checkbox"/> Head of Household only, not a dependent <input type="checkbox"/> Earned Income Credit only, not a dependent | <input type="checkbox"/> Child at home <input type="checkbox"/> Child not at home <input type="checkbox"/> Dependent other than child <input type="checkbox"/> Head of Household only, not a dependent <input type="checkbox"/> Earned Income Credit only, not a dependent |