# Organizer
## Dependent

**TAXPAYER**: _____

**TAX YEAR** _____

| | |
|---|---|
| **DEPENDENT#1 NAME** *(AS IT APPEARS ON SOCIAL SECURITY CARD)* | **LAST:** |
| | **FIRST:** |
| | **MIDDLE:** |
| | **Social Security #:** |
| **BIRTHDATE: / /** | **THIS PERSON IS YOUR: 1) CHILD 2) PARENT 3) OTHER:** _____ |
| **DID YOU INCUR ANY EXPENSES FOR CHILD CARE, DAY CARE, OR DEPENDENT CARE FOR THIS PERSON?** | **YES \| NO** |
| **** If YES, please fill out ORGANIZER: DEPENDENT CARE*** | |

| **STAFF USE:** |
|---|
| Can the dependent(s) be a Qualfiying person for HOH purposes? |

| | |
|---|---|
| **DEPENDENT#2 NAME** *(AS IT APPEARS ON SOCIAL SECURITY CARD)* | **LAST:** |
| | **FIRST:** |
| | **MIDDLE:** |
| | **Social Security #:** |
| **BIRTHDATE: / /** | **THIS PERSON IS YOUR: 1) CHILD 2) PARENT 3) OTHER:** _____ |
| **DID YOU INCUR ANY EXPENSES FOR CHILD CARE, DAY CARE, OR DEPENDENT CARE FOR THIS PERSON?** | **YES \| NO** |
| **** If YES, please fill out ORGANIZER: DEPENDENT CARE*** | |

| | |
|---|---|
| **DEPENDENT#3 NAME** *(AS IT APPEARS ON SOCIAL SECURITY CARD)* | **LAST:** |
| | **FIRST:** |
| | **MIDDLE:** |
| | **Social Security #:** |
| **BIRTHDATE: / /** | **THIS PERSON IS YOUR: 1) CHILD 2) PARENT 3) OTHER:** _____ |
| **DID YOU INCUR ANY EXPENSES FOR CHILD CARE, DAY CARE, OR DEPENDENT CARE FOR THIS PERSON?** | **YES \| NO** |
| **** If YES, please fill out ORGANIZER: DEPENDENT CARE*** | |

**NOTE1:** _____

**NOTE2:** _____

**NOTE3:** _____

**NOTE4:** _____

**If you have more than 3 dependents, please use additional worksheet(s)**