

Organizer Dependent

TAXPAYER: _____

TAX YEAR _____

DEPENDENT#1 NAME <i>(AS IT APPEARS ON SOCIAL SECURITY CARD)</i>	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?	
* If YES, please fill out ORGANIZER: DEPENDENT CARE	

STAFF USE:
Can the dependent(s) be a Qualifying person for HOH purposes?

DEPENDENT#2 NAME <i>(AS IT APPEARS ON SOCIAL SECURITY CARD)</i>	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?	
* If YES, please fill out ORGANIZER: DEPENDENT CARE	

DEPENDENT#3 NAME <i>(AS IT APPEARS ON SOCIAL SECURITY CARD)</i>	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?	
* If YES, please fill out ORGANIZER: DEPENDENT CARE	

NOTE1: _____

NOTE2: _____

NOTE3: _____

NOTE4: _____

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