

# Organizer Dependent

TAXPAYER: \_\_\_\_\_

TAX YEAR \_\_\_\_\_

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

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

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

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

NOTE1: \_\_\_\_\_

NOTE2: \_\_\_\_\_

NOTE3: \_\_\_\_\_

NOTE4: \_\_\_\_\_

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