



SOCIAL SECURITY NUMBER

Social Security Number input boxes

Schedule DI Dependent Information. Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.

2017

You must complete this schedule if you are claiming a dependent exemption(s) on Form 1, line 2b or Form 1-NR/PY, line 4b or taking a deduction/credit(s) on Form 1, lines 12, 13 or 42 or Form 1-NR/PY, lines 16, 17 or 46. Complete information below for each dependent. Do not include yourself or your spouse. If you are claiming more than 10 dependents, see instructions.

1. FIRST NAME, M.I., LAST NAME, RELATIONSHIP TO TAXPAYER, IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

2. FIRST NAME, M.I., LAST NAME, RELATIONSHIP TO TAXPAYER, IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

3. FIRST NAME, M.I., LAST NAME, RELATIONSHIP TO TAXPAYER, IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

4. FIRST NAME, M.I., LAST NAME, RELATIONSHIP TO TAXPAYER, IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

5. FIRST NAME, M.I., LAST NAME, RELATIONSHIP TO TAXPAYER, IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

6. FIRST NAME, M.I., LAST NAME, RELATIONSHIP TO TAXPAYER, IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

7. FIRST NAME, M.I., LAST NAME, RELATIONSHIP TO TAXPAYER, IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

8. FIRST NAME, M.I., LAST NAME, RELATIONSHIP TO TAXPAYER, IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

9. FIRST NAME, M.I., LAST NAME, RELATIONSHIP TO TAXPAYER, IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

10. FIRST NAME, M.I., LAST NAME, RELATIONSHIP TO TAXPAYER, IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

1. SOCIAL SECURITY NUMBER, DATE OF BIRTH

2. SOCIAL SECURITY NUMBER, DATE OF BIRTH

3. SOCIAL SECURITY NUMBER, DATE OF BIRTH

4. SOCIAL SECURITY NUMBER, DATE OF BIRTH

5. SOCIAL SECURITY NUMBER, DATE OF BIRTH

6. SOCIAL SECURITY NUMBER, DATE OF BIRTH

7. SOCIAL SECURITY NUMBER, DATE OF BIRTH

8. SOCIAL SECURITY NUMBER, DATE OF BIRTH

9. SOCIAL SECURITY NUMBER, DATE OF BIRTH

10. SOCIAL SECURITY NUMBER, DATE OF BIRTH