



SOCIAL SECURITY NUMBER OF PROPRIETOR

SSN input box

2020

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

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 43 or Form 1-NR/PY, lines 16, 17 or 47. 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

1. SOCIAL SECURITY NUMBER

DATE OF BIRTH MMDDYYYY

2. FIRST NAME, M.I., LAST NAME

RELATIONSHIP TO TAXPAYER, IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

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DATE OF BIRTH MMDDYYYY

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10. FIRST NAME, M.I., LAST NAME

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