

**Organizer  
Dependent Sheet**

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>	
BIRTHDATE:    /    /	IS THIS PERSON 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, provide required information about the provider: Name, Address, Phone, EIN, Amount paid		

<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>	
BIRTHDATE:    /    /	IS THIS PERSON 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, provide required information about the provider: Name, Address, Phone, EIN, Amount paid		

<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>	
BIRTHDATE:    /    /	IS THIS PERSON 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, provide required information about the provider: Name, Address, Phone, EIN, Amount paid		

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

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

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

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

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