

Dependents for Tax Year 2024

Please enter name and social security number as listed on your Dependents SSN Card

1	First Name:		Last Name:		
	SSN:	_____ - _____ - _____	Relationship:		
	Date of Birth:		Number of Months Lived with You in 2024:		
	Did your dependent have health insurance through the Marketplace during 2024?				[] YES [] NO
	Did your dependent have unearned income over \$1300 or Earned income (W-2 Form) over \$14,600?				[] YES [] NO
	Is your dependent permanently disabled?			[] YES [] NO	
	Do you share custody of your dependent?			[] YES [] NO	
	Child Care Expenses		Y [] N [] (please complete Child & Dependent Care Worksheet)		
	Education Expenses (Post Secondary)		Y [] N [] (Must provide Form 1098-T)		
	2	First Name:		Last Name:	
SSN:		_____ - _____ - _____	Relationship:		
Date of Birth:			Number of Months Lived with You in 2024:		
Did your dependent have health insurance through the Marketplace during 2024?				[] YES [] NO	
Did your dependent have unearned income over \$1300 or Earned income (W-2 Form) over \$14,600?				[] YES [] NO	
Is your dependent permanently disabled?			[] YES [] NO		
Do you share custody of your dependent?			[] YES [] NO		
Child Care Expenses		Y [] N [] (please complete Child & Dependent Care Worksheet)			
Education Expenses (Post Secondary)		Y [] N [] (Must provide Form 1098-T)			
3		First Name:		Last Name:	
	SSN:	_____ - _____ - _____	Relationship:		
	Date of Birth:		Number of Months Lived with You in 2024:		
	Did your dependent have health insurance through the Marketplace during 2024?				[] YES [] NO
	Did your dependent have unearned income over \$1300 or Earned income (W-2 Form) over \$14,600?				[] YES [] NO
	Is your dependent permanently disabled?			[] YES [] NO	
	Do you share custody of your dependent?			[] YES [] NO	
	Child Care Expenses		Y [] N [] (please complete Child & Dependent Care Worksheet)		
	Education Expenses (Post Secondary)		Y [] N [] (Must provide Form 1098-T)		