



Dependent Information Sheet

Please have the taxpayer fill out this sheet if they have dependents. Double check that the spelling of all names, social security numbers, and the date of birth information are correct and as they appear on the social security cards.

Legal Name	Birth Date	SSN	Relationship
	/ /	- -	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Other
	/ /	- -	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Other
	/ /	- -	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Other
	/ /	- -	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Other
	/ /	- -	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Other

I the undersigned, hereby certify that all the information provided above is true and correct.

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date _____