

Dependents

Name:					SSN:				
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			2014		2013		
Is this dependent required to file a tax return? <input type="checkbox"/> If yes, what is their AGI?									
Child Care Credit - qualifying expenses incurred and paid in 2014									
Child Care Credit - portion of qualifying expenses provided by employer									
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