

| | | | | |
|-------------|-------------|-----------|-------------------|----------|
| 2024 | 1040 | US | Dependents | 2 |
|-------------|-------------|-----------|-------------------|----------|

Please add, change or delete information for 2024.

DEPENDENTS

| | Dependent | Dependent | | |
|---------------------------------------|-----------|-----------|--|--|
| First name..... | | | <p style="text-align:center;">Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying surviving spouse (QSS) only, not a dependent 5 = Earned income credit only, not a dependent</p> <p style="text-align:center;">Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement | |
| Last name..... | | | | |
| Title/suffix..... | | | | |
| Date of birth (m/d/y)..... | | | | |
| Date of death..... | | | | |
| Date of adoption..... | | | | |
| Social security number..... | | | | |
| Relationship..... | | | | |
| Months lived at home..... | | | | |
| Type of dependent (see table)..... | | | | |
| Earned income credit (see table)..... | | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | | |
| IRS theft protection PIN..... | | | | |
| | Dependent | Dependent | | |
| First name..... | | | | |
| Last name..... | | | | |
| Title/suffix..... | | | | |
| Date of birth (m/d/y)..... | | | | |
| Date of death..... | | | | |
| Date of adoption..... | | | | |
| Social security number..... | | | | |
| Relationship..... | | | | |
| Months lived at home..... | | | | |
| Type of dependent (see table)..... | | | | |
| Earned income credit (see table)..... | | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | | |
| IRS theft protection PIN..... | | | | |
| | Dependent | Dependent | | |
| First name..... | | | | |
| Last name..... | | | | |
| Title/suffix..... | | | | |
| Date of birth (m/d/y)..... | | | | |
| Date of death..... | | | | |
| Date of adoption..... | | | | |
| Social security number..... | | | | |
| Relationship..... | | | | |
| Months lived at home..... | | | | |
| Type of dependent (see table)..... | | | | |
| Earned income credit (see table)..... | | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | | |
| IRS theft protection PIN..... | | | | |