



SOCIAL SECURITY NUMBER OF PROPRIETOR

--	--	--	--	--	--	--	--

**Schedule DI** Dependent Information. **Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.****2022**

You must complete this schedule if you are claiming a dependent exemption(s) on Form 1, line 2b or Form 1-NR/PY, line 4b or taking a deduction/credit(s) on Form 1, lines 43, 45 or 46 or Form 1-NR/PY, lines 47, 49 or 50. Complete information below for each dependent. Do not include yourself or your spouse. If you are claiming more than 10 dependents, see instructions.

1. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes	
	IS DEPENDENT DISABLED <input type="radio"/> Yes	
2. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes	
	IS DEPENDENT DISABLED <input type="radio"/> Yes	
3. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes	
	IS DEPENDENT DISABLED <input type="radio"/> Yes	
4. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes	
	IS DEPENDENT DISABLED <input type="radio"/> Yes	
5. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes	
	IS DEPENDENT DISABLED <input type="radio"/> Yes	
6. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes	
	IS DEPENDENT DISABLED <input type="radio"/> Yes	
7. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes	
	IS DEPENDENT DISABLED <input type="radio"/> Yes	
8. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes	
	IS DEPENDENT DISABLED <input type="radio"/> Yes	
9. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes	
	IS DEPENDENT DISABLED <input type="radio"/> Yes	
10. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? <input type="radio"/> Yes	
	IS DEPENDENT DISABLED <input type="radio"/> Yes	

1. SOCIAL SECURITY NUMBER
DATE OF BIRTH
MMDDYYYY
2. SOCIAL SECURITY NUMBER
DATE OF BIRTH
MMDDYYYY
3. SOCIAL SECURITY NUMBER
DATE OF BIRTH
MMDDYYYY
4. SOCIAL SECURITY NUMBER
DATE OF BIRTH
MMDDYYYY
5. SOCIAL SECURITY NUMBER
DATE OF BIRTH
MMDDYYYY
6. SOCIAL SECURITY NUMBER
DATE OF BIRTH
MMDDYYYY
7. SOCIAL SECURITY NUMBER
DATE OF BIRTH
MMDDYYYY
8. SOCIAL SECURITY NUMBER
DATE OF BIRTH
MMDDYYYY
9. SOCIAL SECURITY NUMBER
DATE OF BIRTH
MMDDYYYY
10. SOCIAL SECURITY NUMBER
DATE OF BIRTH
MMDDYYYY