

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	1. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER		IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes	DATE OF BIRTH
		IS DEPENDENT DISABLED Yes	
2. FIRST NAME	M.I.	LAST NAME	2. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER		IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes	DATE OF BIRTH
		IS DEPENDENT DISABLED YES	
3. FIRST NAME	M.I.	LAST NAME	3. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER		IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes	DATE OF BIRTH
		Von	
4. FIRST NAME	M.I.	IS DEPENDENT DISABLED Yes LAST NAME	4. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER		IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? YES	DATE OF BIRTH
			MMDDYYYY
5. FIRST NAME	MI	IS DEPENDENT DISABLED Yes LAST NAME	5. SOCIAL SECURITY NUMBER
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RELATIONSHIP TO TAXPAYER		IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? YES	DATE OF DIDTH
incomment of the state of the s		O SELENDENT A GOVERNMENT ON ENTINEED PROGRESS OF EACH	DATE OF BIRTH
		IS DEPENDENT DISABLED Yes	
6. FIRST NAME	M.I.	LAST NAME	6. SOCIAL SECURITY NUMBER
DELATIONICIUS TO TAVIDAVED		IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes	
RELATIONSHIP TO TAXPAYER		IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? 165	DATE OF BIRTH
		IS DEPENDENT DISABLED Yes	
7. FIRST NAME	M.I.	LAST NAME	7. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER		IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes	DATE OF BIRTH
		IS DEPENDENT DISABLED Yes	
8. FIRST NAME	M.I.	LAST NAME	8. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER		IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes	DATE OF BIRTH
		IS DEPENDENT DISABLED Yes	
9. FIRST NAME	M.I.	LAST NAME	9. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER		IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes	DATE OF BIRTH
		IS DEPENDENT DISABLED Yes	
10. FIRST NAME	M.I.	LAST NAME	10. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER		IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes	DATE OF BIRTH
		IS DEPENDENT DISABLED YES	MMDDYYYY