



SOCIAL SECURITY NUMBER OF PROPRIETOR

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

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

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RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes

IS DEPENDENT DISABLED  Yes

1. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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2. FIRST NAME M.I. LAST NAME

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RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes

IS DEPENDENT DISABLED  Yes

2. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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3. FIRST NAME M.I. LAST NAME

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RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes

IS DEPENDENT DISABLED  Yes

3. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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4. FIRST NAME M.I. LAST NAME

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RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes

IS DEPENDENT DISABLED  Yes

4. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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5. FIRST NAME M.I. LAST NAME

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RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes

IS DEPENDENT DISABLED  Yes

5. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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6. FIRST NAME M.I. LAST NAME

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RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes

IS DEPENDENT DISABLED  Yes

6. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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7. FIRST NAME M.I. LAST NAME

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RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes

IS DEPENDENT DISABLED  Yes

7. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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8. FIRST NAME M.I. LAST NAME

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RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes

IS DEPENDENT DISABLED  Yes

8. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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9. FIRST NAME M.I. LAST NAME

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RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes

IS DEPENDENT DISABLED  Yes

9. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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10. FIRST NAME M.I. LAST NAME

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RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes

IS DEPENDENT DISABLED  Yes

10. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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