



SOCIAL SECURITY NUMBER									

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

2025

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 or 46 or Form 1-NR/PY, lines 47 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	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	<input type="checkbox"/> Yes	
RELATIONSHIP TO TAXPAYER				IS DEPENDENT DISABLED	<input type="checkbox"/> Yes
2. FIRST NAME	M.I.	LAST NAME	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	<input type="checkbox"/> Yes	
RELATIONSHIP TO TAXPAYER				IS DEPENDENT DISABLED	<input type="checkbox"/> Yes
3. FIRST NAME	M.I.	LAST NAME	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	<input type="checkbox"/> Yes	
RELATIONSHIP TO TAXPAYER				IS DEPENDENT DISABLED	<input type="checkbox"/> Yes
4. FIRST NAME	M.I.	LAST NAME	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	<input type="checkbox"/> Yes	
RELATIONSHIP TO TAXPAYER				IS DEPENDENT DISABLED	<input type="checkbox"/> Yes
5. FIRST NAME	M.I.	LAST NAME	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	<input type="checkbox"/> Yes	
RELATIONSHIP TO TAXPAYER				IS DEPENDENT DISABLED	<input type="checkbox"/> Yes
6. FIRST NAME	M.I.	LAST NAME	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	<input type="checkbox"/> Yes	
RELATIONSHIP TO TAXPAYER				IS DEPENDENT DISABLED	<input type="checkbox"/> Yes
7. FIRST NAME	M.I.	LAST NAME	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	<input type="checkbox"/> Yes	
RELATIONSHIP TO TAXPAYER				IS DEPENDENT DISABLED	<input type="checkbox"/> Yes
8. FIRST NAME	M.I.	LAST NAME	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	<input type="checkbox"/> Yes	
RELATIONSHIP TO TAXPAYER				IS DEPENDENT DISABLED	<input type="checkbox"/> Yes
9. FIRST NAME	M.I.	LAST NAME	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	<input type="checkbox"/> Yes	
RELATIONSHIP TO TAXPAYER				IS DEPENDENT DISABLED	<input type="checkbox"/> Yes
10. FIRST NAME	M.I.	LAST NAME	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	<input type="checkbox"/> Yes	
RELATIONSHIP TO TAXPAYER				IS DEPENDENT DISABLED	<input type="checkbox"/> Yes
1. SOCIAL SECURITY NUMBER					
DATE OF BIRTH					
M	M	D	D	Y	Y
2. SOCIAL SECURITY NUMBER					
DATE OF BIRTH					
M	M	D	D	Y	Y
3. SOCIAL SECURITY NUMBER					
DATE OF BIRTH					
M	M	D	D	Y	Y
4. SOCIAL SECURITY NUMBER					
DATE OF BIRTH					
M	M	D	D	Y	Y
5. SOCIAL SECURITY NUMBER					
DATE OF BIRTH					
M	M	D	D	Y	Y
6. SOCIAL SECURITY NUMBER					
DATE OF BIRTH					
M	M	D	D	Y	Y
7. SOCIAL SECURITY NUMBER					
DATE OF BIRTH					
M	M	D	D	Y	Y
8. SOCIAL SECURITY NUMBER					
DATE OF BIRTH					
M	M	D	D	Y	Y
9. SOCIAL SECURITY NUMBER					
DATE OF BIRTH					
M	M	D	D	Y	Y
10. SOCIAL SECURITY NUMBER					
DATE OF BIRTH					
M	M	D	D	Y	Y