<b>20</b> 16	1040	US	Dependents	2

## Please add, change or delete information for 2016.

## **DEPENDENTS**

	Dependent	Dependent	
First name			
Last name			Type of Dependent
Title/suffix			
Date of birth (m/d/y)			1 = Child living w/taxpayer
Date of death			2 = Child not living w/taxpayer 3 = Dependent other than child
Date of adoption			4 = Head of household only,
Social security number			not a dependent  5 = Earned income credit only,
Relationship			not a dependent
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			Earned Income Credit
Claimed by: 1=taxpayer, 2=spouse			
cialified by: 1-taxpayer, 2-spouse	Dependent	ı Dependent	1 = When applicable (default)
First name	Берепаетт	Берепаетт	2 = Student age 19 to 23 3 = Disabled
First name.			4 = Force
Last name			5 = Suppress
Title/suffix			
Date of birth (m/d/y)			
Date of death			NOTE: If you claim the earned
Date of adoption			income credit, please provide
Social security number			proof that your child is a resident of the U.S. This proof is
Relationship			typically in the form of:
Months lived at home			School records or statement
Type of dependent (see table)			2. Landlord or property man-
Earned income credit (see table)			agement statement 3. Health care provider
Claimed by: 1=taxpayer, 2=spouse			statement
	Dependent	Dependent	4. Medical records 5. Child care provider records
First name			6. Placement agency statement
Last name			7. Social service records or
Title/suffix			statement 8. Place of worship statement
Date of birth (m/d/y)			9. Indian tribe office statement
Date of death			10. Employer statement
Date of adoption			
Social security number			
Relationship			NOTE: If your child is disabled,
Months lived at home.			please provide one of the fol- lowing forms of proof of disa-
Type of dependent (see table)			bility:
Earned income credit (see table)			Doctor statement
			2. Other health care provider statement
Claimed by: 1=taxpayer, 2=spouse	Donandant	Dependent	3. Social services agency or
First name	Dependent	Dependent	program statement
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			
			2