

Dependents for Tax Year 2023

Please enter name and social security number as listed on your Dependents SSN Card

1	First Name:		Last Name:	
	SSN:	_ _ - _ - _	Relationship:	
	Date of Birth:		Number of Months Lived with You in 2023:	
	Did your dependent have health insurance through the Marketplace during 2023?			[] YES [] NO
	Did your dependent have unearned income over \$1250 or Earned income (W-2 Form) over \$13,450?			[] YES [] NO
	Is your dependent permanently disabled?		[] YES [] NO	
	Do you share custody of your dependent?		[] YES [] NO	
	Child Care Expenses		Y [] N [] (please complete Child & Dependent Care Worksheet)	
	Education Expenses (Post Secondary)		Y [] N [] (Must provide Form 1098-T)	
	2	First Name:		Last Name:
SSN:		_ _ - _ - _	Relationship:	
Date of Birth:			Number of Months Lived with You in 2023:	
Did your dependent have health insurance through the Marketplace during 2023?			[] YES [] NO	
Did your dependent have unearned income over \$1250 or Earned income (W-2 Form) over \$13,450?			[] YES [] NO	
Is your dependent permanently disabled?		[] YES [] NO		
Do you share custody of your dependent?		[] YES [] NO		
Child Care Expenses		Y [] N [] (please complete Child & Dependent Care Worksheet)		
Education Expenses (Post Secondary)		Y [] N [] (Must provide Form 1098-T)		
3		First Name:		Last Name:
	SSN:	_ _ - _ - _	Relationship:	
	Date of Birth:		Number of Months Lived with You in 2023:	
	Did your dependent have health insurance through the Marketplace during 2023?			[] YES [] NO
	Did your dependent have unearned income over \$1250 or Earned income (W-2 Form) over \$13,450?			[] YES [] NO
	Is your dependent permanently disabled?		[] YES [] NO	
	Do you share custody of your dependent?		[] YES [] NO	
	Child Care Expenses		Y [] N [] (please complete Child & Dependent Care Worksheet)	
	Education Expenses (Post Secondary)		Y [] N [] (Must provide Form 1098-T)	