



SOCIAL SECURITY NUMBER

SSN input box

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

2024

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

1. SOCIAL SECURITY NUMBER, DATE OF BIRTH

2. FIRST NAME, M.I., LAST NAME, RELATIONSHIP TO TAXPAYER, IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?, IS DEPENDENT DISABLED

2. SOCIAL SECURITY NUMBER, DATE OF BIRTH

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