

**Dependent and Other Information**

Name:

SSN:

**Dependent Information**

| First and Last Name<br>SSN | Has<br>IP PIN | Relationship | Months<br>in<br>Home | Date of Birth | Disabled | Full-<br>time<br>Student | Childcare<br>Expenses |
|----------------------------|---------------|--------------|----------------------|---------------|----------|--------------------------|-----------------------|
|                            |               |              |                      |               |          |                          |                       |
|                            |               |              |                      |               |          |                          |                       |
|                            |               |              |                      |               |          |                          |                       |
|                            |               |              |                      |               |          |                          |                       |
|                            |               |              |                      |               |          |                          |                       |

List dependents required to file a return

**Child and Other Dependent Care Expenses**

| Name of Care Provider | Address | SSN or EIN | Amount Paid |
|-----------------------|---------|------------|-------------|
|                       |         |            |             |
|                       |         |            |             |
|                       |         |            |             |

**Estimates**

|                                  | Federal   |        | Resident State |        | Resident City |        |
|----------------------------------|-----------|--------|----------------|--------|---------------|--------|
|                                  | Date Paid | Amount | Date Paid      | Amount | Date Paid     | Amount |
| Overpayment applied<br>from 2024 |           |        |                |        |               |        |
| First quarter                    |           |        |                |        |               |        |
| Second quarter                   |           |        |                |        |               |        |
| Third quarter                    |           |        |                |        |               |        |
| Fourth quarter                   |           |        |                |        |               |        |
| Additional payments              |           |        |                |        |               |        |