

**EXEMPTIONS**—See Instruction 10

(A) Yourself  Spouse  (B)  65 or over  Blind  Spouse is:  65 or over  Blind

(A) Enter No. Checked .....	<input type="text"/>	See Instruction 10	\$	<input type="text"/>
(B) Enter No. Checked .....	<input type="text"/>	× \$1,000	\$	<input type="text"/>
(C) Enter No. Checked in Columns 6 & 7 .....	<input type="text"/>	See Instruction 10	\$	<input type="text"/>
(D) Enter the <b>Total Exemptions</b> (Add A, B, and C) .....	<input type="text"/>	<b>Total Amount</b>	\$	<input type="text"/>

(1) First name		Last name		(2) Social Security number	(3) Relationship	(4) Check if Dep. Child	(5) If Dependent Child is checked, does child have health care?		(6) Regular	(7) 65 or Over
						<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		