

## Dependents

<b>Name:</b>										<b>SSN:</b>									
First name/MI					Last name					Suffix									
SSN/TIN					Relationship					Number of months lived with you									
DOB					Does this dependent have income over \$1000?					<input type="checkbox"/>					<b>2013</b>	<b>2012</b>			
Child Care Credit - qualifying expenses incurred and paid in 2013																			
Child Care Credit - portion of qualifying expenses provided by employer																			
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