

EXEMPTIONS — See Instruction 10

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

(A) Enter No. Checked..... See Instruction 10 \$

(B) Enter No. Checked..... × \$1,000 \$

(C) Enter No. Checked in Columns 6 & 7 See Instruction 10 \$

(D) Enter the Total Exemptions (Add A, B, and C) **Total Amount** \$

		(C) Dependents:		(4) Check if Dep. under age 19 ▶	(5) If (4) is checked, does child have health insurance now?		(6) Regular	(7) 65 or Over
(1) First name	Last name	(2) Social Security number	(3) Relationship		▶ Yes	▶ No		
		▶						
		▶						
		▶						
		▶						
		▶						