

EXEMPTIONS

See Instruction 10.
Check appropriate
box(es).

NOTE: If you are
claiming dependents,
you **must attach**
the Dependents'
Information Form
502B to this form to
receive the applicable
exemption amount.

A. **Yourself** **Spouse** Enter number checked See Instruction 10. **.A. \$** _____ . _____

B. ▶ 65 or over ▶ 65 or over

▶ Blind ▶ Blind Enter number checked X \$1,000 **.B. \$** _____ . _____

C. Enter number from line 3 of Dependent Form 502B See Instruction 10 **.C. \$** _____ . _____

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