

**ADDITIONAL DEPENDENTS:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_  
S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Relationship: \_\_\_\_\_  
# months lived with you during year? \_\_\_\_\_ Disabled? \_\_\_\_\_ Anyone else that can claim this dependent? \_\_\_\_\_  
If dependent is child over the age of 19 is he/she a Qualified College Student? \_\_\_\_\_ If yes, provide school tuition forms, student loan interest forms, and/or any applicable out-of-pocket expenses spent on tuition, books, or required materials.

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