

Dependents

Name:		SSN:	
First name/MI		Last name	Suffix
SSN/TIN	Relationship	Number of months lived with you	
DOB	Does this dependent have income over \$950?	2013	
Child Care Credit - qualifying expenses incurred and paid in 2013			
Child Care Credit - portion of qualifying expenses provided by employer			
First name/MI		Last name	Suffix
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