

Dependents

Name:					SSN:					
First name					Last name					Suffix
SSN/ITIN		Relationship						Number of months lived with you		
Age/DOB		Is this dependent a minor child with income over \$950? <input type="checkbox"/>					2009		2008	
Qualifying child care expense incurred and paid in 2009										
Portion of qualifying expenses provided by employer										
American Opportunity qualified expenses paid										
Lifetime Learning Credit qualified expenses paid										
Hope Credit qualified expenses paid										
Tuition and fees deduction										
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