DEPENDENT 3:		MALE/FEMALE:
RELATIONSHIP: (I.E. CHILD, STEPCHILD, PA	ARENT, ETC.):	
SSN:	DOB:	AGE:
NUMBER OF MONTHS LIVED WITH YOU IN 2018?		DISABLED? (Y/N)
DID YOU PAY DAYCARE? (Y/N)	IF YES, HOW MUCH)
HEALTH INSURANCE? (Y/N)	INSURANCE COMPANY:	
DEPENDENT 4:		MALE/FEMALE:
RELATIONSHIP: (I.E. CHILD, STEPCHILD, PA	ARENT, ETC.):	
SSN:	DOB:	AGE:
NUMBER OF MONTHS LIVED WITH YOU IN 2018?		DISABLED? (Y/N)
DID YOU PAY DAYCARE? (Y/N)	IF YES, HOW MUCH)
HEALTH INSURANCE? (Y/N)	INSURANCE COMPANY:	
DEPENDENT 5: RELATIONSHIP: (I.E. CHILD, STEPCHILD, PA SSN:	ARENT, ETC.):	
NUMBER OF MONTHS LIVED WITH YOU II		
DID YOU PAY DAYCARE? (Y/N)		
HEALTH INSURANCE? (Y/N)		
DEPENDENT 6:		MALE/FEMALE:
RELATIONSHIP: (I.E. CHILD, STEPCHILD, PA	ARENT, ETC.):	
SSN:	DOB:	AGE:
NUMBER OF MONTHS LIVED WITH YOU II	N 2018?	DISABLED? (Y/N)
DID YOU PAY DAYCARE? (Y/N)	IF YES, HOW MUCH?	·
HEALTH INSURANCE? (Y/N)	INSURANCE COMPANY:	