

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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