DEPENDENT 3:		MALE	FEMALE	
RELATIONSHIP (I.E. CHILD, STEPCHILE	), PARENT, ETC.):			
SSN:	DOB:	·	AGE:	
NUMBER OF MONTHS LIVED WITH Y	OU IN 2016?	IS THIS PERSON DIA	BLED?	_
DID YOU PAY DAYCARE?	DOES THIS INDIVIDUAL	. HAVE HEALTH INSURANCE? _		_
NAME OF INSURANCE COMPANY:				**. ,
DEPENDENT 4:		MALE	FEMALE	
RELATIONSHIP (I.E. CHILD, STEPCHILI				
SSN:				
		•	IS THIS PERSON DISABLED?	
DID YOU PAY DAYCARE?				
NAME OF INSURANCE COMPANY:				
DEPENDENT 5:		MALE	FEMALE	
RELATIONSHIP (I.E. CHILD, STEPCHILI				
SSN:	DOB:		AGE:	
NUMBER OF MONTHS LIVED WITH YOU IN 2016?		IS THIS PERSON DIS	IS THIS PERSON DISABLED?	
DID YOU PAY DAYCARE?	DOES THIS INDIVIDUAL	. HAVE HEALTH INSURANCE?_		_
NAME OF INSURANCE COMPANY:				
DEPENDENT 6:		М	ALE FEMA	ALE
RELATIONSHIP (I.E. CHILD, STEPCHILL	), PARENT, ETC.):			
SSN:	DOB:	····	AGE:	
NUMBER OF MONTHS LIVED WITH Y	OU IN 2016?	IS THIS PERSON DIA	BLED?	_
DID YOU PAY DAYCARE?	DOES THIS INDIVIDUAL	. HAVE HEALTH INSURANCE?_		_
NAME OF INSURANCE COMPANY:				