



NAME(S) as shown on tax return (Do not enter name and social security number if shown on other side)

PRIMARY SOCIAL SECURITY NUMBER _____ SPOUSE SOCIAL SECURITY NUMBER _____

Schedule HOF – Head of Family Schedule

Complete the following information:

Enter the dependent/qualifying person's name here: _____

Dependents/qualifying person's Social Security Number: _____

What is the dependent's/qualifying person's relationship to you: _____

Do you rent or own the home maintained for the dependent/qualifying person? Rent Own

Are you married, divorced, or legally separated? Yes No

If you answered yes, please provide the following information:

Date of Marriage? _____

Date of Divorce? _____

Date of Legal Separation? _____

Did the dependent(s)/ qualifying person(s) reside with you in your home? Yes No

Did you pay more than 50% of the dependent(s)/ qualifying person(s) support? Yes No