

**SCHEDULE  
DS & HOF 2022**  
( Form 40 or 40NR )



Alabama Department of Revenue  
Dependents Schedule

NAME(S) AS SHOWN ON TAX RETURN

PRIMARY'S SOCIAL SECURITY NUMBER      SPOUSE'S SOCIAL SECURITY NUMBER

**Schedule DS – Dependents Schedule**

See instructions for definition of a dependent. **NOTE:** If you checked filing status 3 (Married filing separate), you may claim **only** the dependent(s) for whom you **separately** furnished over 50% of the total support.

**1a Dependents.** Do not include yourself or your spouse. (See Instructions)

First Name	Last Name	Dependent's Social Security Number	Dependent's Relationship to you	Did you provide more than one-half dependent's support?
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		

<b>1b</b> Total number of dependents claimed above. Enter total here and on Form 40, Page 2, Part III, line 1 or Form 40NR, Page 2, Part V, line 1 .....	<b>1b</b> •
--	-------------



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**

<b>Complete the following information:</b>	
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? .....	<input type="checkbox"/> Rent <input type="checkbox"/> Own
Are you married, divorced, or legally separated? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered yes, please provide the following information:</i>	
Date of Marriage? _____	
Date of Divorce? _____	
Date of Legal Separation? _____	
Did the dependent(s)/ qualifying person(s) reside with you in your home? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you pay more than 50% of the dependent(s)/ qualifying person(s) support? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No