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**2022 Schedule DI**

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AREA RESERVED  
FOR 2-D BARCODE

FIRSTNAMEXXXXXX I LASTNAMEXXXXXXXXXXXX SOCIALSECNO

**Schedule DI. Dependent Information**

FIRSTNAMEXXXXXX	I	LASTNAMEXXXXXXXXXXXX	SOCIALSECNO
RELATIONSHIPTOTA		Is dependent a qualifying child for earned income credit?	X DATEOFBI
		Is dependent disabled?	X
FIRSTNAMEXXXXXX	I	LASTNAMEXXXXXXXXXXXX	SOCIALSECNO
RELATIONSHIPTOTA		Is dependent a qualifying child for earned income credit?	X DATEOFBI
		Is dependent disabled?	X
FIRSTNAMEXXXXXX	I	LASTNAMEXXXXXXXXXXXX	SOCIALSECNO
RELATIONSHIPTOTA		Is dependent a qualifying child for earned income credit?	X DATEOFBI
		Is dependent disabled?	X
FIRSTNAMEXXXXXX	I	LASTNAMEXXXXXXXXXXXX	SOCIALSECNO
RELATIONSHIPTOTA		Is dependent a qualifying child for earned income credit?	X DATEOFBI
		Is dependent disabled?	X
FIRSTNAMEXXXXXX	I	LASTNAMEXXXXXXXXXXXX	SOCIALSECNO
RELATIONSHIPTOTA		Is dependent a qualifying child for earned income credit?	X DATEOFBI
		Is dependent disabled?	X
FIRSTNAMEXXXXXX	I	LASTNAMEXXXXXXXXXXXX	SOCIALSECNO
RELATIONSHIPTOTA		Is dependent a qualifying child for earned income credit?	X DATEOFBI
		Is dependent disabled?	X
FIRSTNAMEXXXXXX	I	LASTNAMEXXXXXXXXXXXX	SOCIALSECNO
RELATIONSHIPTOTA		Is dependent a qualifying child for earned income credit?	X DATEOFBI
		Is dependent disabled?	X
FIRSTNAMEXXXXXX	I	LASTNAMEXXXXXXXXXXXX	SOCIALSECNO
RELATIONSHIPTOTA		Is dependent a qualifying child for earned income credit?	X DATEOFBI
		Is dependent disabled?	X

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