

Schedule IN-DEP-A: **Adopted Dependent Information**

Enclosure Sequence No. 03B/04B

2023

| Adopted Dependent's First Name 1A. | urity Number |
|---|--------------|
| 1A. Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) 1C. | |
| Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) 1C. | |
| 1C. | |
| 1E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child 1F. Place "X" in box if the spouse is an adoptive parent of the child Adopted Dependent's First Name Adopted Dependent's Last Name 2A. | |
| Adopted Dependent's First Name Adopted Dependent's Date of Birth (mm dd yyyy) 2C. | |
| Adopted Dependent's First Name 2B. Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) 2C. 2D. 2D. 2E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child Adopted Dependent's First Name Adopted Dependent's Last Name 3A. Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) 3C. 3D. 3D. 3E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child Adopted Dependent's First Name Adopted Dependent's Date of Birth (mm dd yyyy) Adopted Dependent's First Name Adopted Dependent's Last Name 4B. Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) 4C. 4B. Adopted Dependent's Date of Birth (mm dd yyyy) 4C. 4D. 4D. 4E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child Adopted Dependent's Date of Birth (mm dd yyyy) Adopted Dependent's Date of Birth (mm dd yyyy) Adopted Dependent's Date of Birth (mm dd yyyy) Adopted Dependent's First Name Adopted Dependent's Last Name | 1E |
| 2A. Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) 2C. 2D. 2D. 2D. 2D. 2D. 2D. 2D. 2D. 2D. 2D | 1F |
| 2A. Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) 2C. 2D. 2D. 2D. 2D. 2D. 2D. 2D. 2D. 2D. 2D | |
| Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) 2C. | |
| 2E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child 2F. Place "X" in box if the spouse is an adoptive parent of the child Adopted Dependent's First Name Adopted Dependent's Last Name 3A. | I |
| 2F. Place "X" in box if the spouse is an adoptive parent of the child Adopted Dependent's First Name Adopted Dependent's Last Name 3A. | |
| Adopted Dependent's First Name 3A. | 2E |
| 3A. Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) 3C. 3D. 3D. 3D. 3D. 3D. 3D. 3D. 3D. 3E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child 3F. Place "X" in box if the spouse is an adoptive parent of the child 4D. Adopted Dependent's First Name Adopted Dependent's Last Name 4A. 4B. Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) 4C. 4D. 4D. 4D. 4D. 4D. 4D. 4D. 4D. 4D. 4D | 2F |
| Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) 3C. 3D. 3D. 3D. 3D. 3D. 3D. 3D. 3D. 3D. 3D | |
| 3C. 3D. 3D. 3D. 3D. 3D. 3D. 3D. 3D. 3D. 3D | |
| 3E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child 3F. Place "X" in box if the spouse is an adoptive parent of the child Adopted Dependent's First Name 4A. | ' |
| 3F. Place "X" in box if the spouse is an adoptive parent of the child Adopted Dependent's First Name Adopted Dependent's Last Name 4B. Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) 4C. 4D. 4E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child 4F. Place "X" in box if the spouse is an adoptive parent of the child Adopted Dependent's First Name Adopted Dependent's Last Name 5A. Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) | |
| Adopted Dependent's First Name 4A. | 3E |
| 4A. Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) 4C. 4D. 4D. 4D. 4D. 4E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child 4F. Place "X" in box if the spouse is an adoptive parent of the child 4F. Adopted Dependent's First Name Adopted Dependent's Last Name 5A. 5B. Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) | 3F |
| Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) 4C. 4D. 4D. 4D. 4D. 4D. 4D. 4D. 4E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child 4F. Place "X" in box if the spouse is an adoptive parent of the child 4F. Adopted Dependent's First Name 5D. 5B. 4D. 5B. 4D. 4D. 4D. 4D. 4D. 4D. 4D. 4D. 4D. 4D | |
| 4C. | |
| 4E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child | |
| Adopted Dependent's First Name Adopted Dependent's First Name Adopted Dependent's Last Name 5A. Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) | |
| Adopted Dependent's First Name 5A. | 4E |
| 5A. SB. Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) | 4F |
| Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) | |
| | |
| 5C 5D | |
| | |
| 5E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child | 5E |
| 5F. Place "X" in box if the spouse is an adoptive parent of the child | 5F |
| 6. Add the number of adopted dependents list above (see instructions). Enter the total here and | |
| the box on line 6 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing form IT-40PNR) | Box 6 |

