

Name(s) shown on Form IT-40/IT-40PNR

Your Social Security Number

Adopted Dependent's First Name Adopted Dependent's Last Name
1A. 1B.

Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy)
1C. 1D.

1E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child _____ 1E

1F. Place "X" in box if the spouse is an adoptive parent of the child _____ 1F

Adopted Dependent's First Name Adopted Dependent's Last Name
2A. 2B.

Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy)
2C. 2D.

2E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child _____ 2E

2F. Place "X" in box if the spouse is an adoptive parent of the child _____ 2F

Adopted Dependent's First Name Adopted Dependent's Last Name
3A. 3B.

Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy)
3C. 3D.

3E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child _____ 3E

3F. Place "X" in box if the spouse is an adoptive parent of the child _____ 3F

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.

4E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child _____ 4E

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)
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**

