



2024 Schedule M1DQC, Dependents and Qualifying Children

Use this schedule to provide information about your dependents and qualifying children. If you need to list more than three, provide a separate statement with the additional dependents and qualifying children.

YOUR FIRST NAME, INITXXXXXXXX LAST NAMEXXXXXXXXXXXXXXXXXXXXX 999999999
Your First Name and Initial Last Name Social Security Number

A - Child 1 B - Child 2 C - Child 3

First name and middle initial a1 12345678 b1 12345678 c1 12345678

Last name a2 12345678 b2 12345678 c2 12345678

Social Security Number or Individual Taxpayer Identification Number a3 12345678 b3 12345678 c3 12345678

Date of Birth a4 12345678 b4 12345678 c4 12345678

Relationship to you a5 12345678 b5 12345678 c5 12345678

Check the box if you are claiming them as a dependent a6 [X] b6 [X] c6 [X]

Number of months they lived with you a7 12345678 b7 12345678 c7 12345678

Check the box if they were over age 17 but under age 24 and a full-time student a8 [X] b8 [X] c8 [X]

Check the box if they were permanently and totally disabled in any part of 2024 a9 [X] b9 [X] c9 [X]

Check the box if they are a qualifying child a10 [X] b10 [X] c10 [X]

Check the box if they are a qualifying older child a11 [X] b11 [X] c11 [X]