



2025 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, use additional Schedules M1DQC to list the additional dependents and qualifying children.

YOUR FIRST NAME, INITXXXXXXXX LAST NAMEXXXXXXXXXXXXXXXXXXXX 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	<input checked="" type="checkbox"/>	b6 <input checked="" type="checkbox"/>	c6 <input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	b8 <input checked="" type="checkbox"/>	c8 <input checked="" type="checkbox"/>
Check the box if they were permanently and totally disabled in any part of 2025 a9	<input checked="" type="checkbox"/>	b9 <input checked="" type="checkbox"/>	c9 <input checked="" type="checkbox"/>
Check the box if they are a qualifying child a10	<input checked="" type="checkbox"/>	b10 <input checked="" type="checkbox"/>	c10 <input checked="" type="checkbox"/>
Check the box if they are a qualifying older child a11	<input checked="" type="checkbox"/>	b11 <input checked="" type="checkbox"/>	c11 <input checked="" type="checkbox"/>