



Unless instructed otherwise – If you fill in any part of this schedule, staple it to your D-40. Print in CAPITAL letters using black ink.

Enter your last name.

Enter your social security number.

Foreign address Do not abbreviate country name.

Home address (number, street and apartment)

City

State/Province

Daytime telephone number

Country

Postal code

In-care-of address

City

State

Zip Code +4

Dependents If you have more than 4 dependents, list them on an attachment.

First name

M.I.

Last Name

Social security number

Relationship

Date of Birth (MMDDYYYY)

First name

M.I.

Last Name

Social security number

Relationship

Date of Birth (MMDDYYYY)

First name

M.I.

Last Name

Social security number

Relationship

Date of Birth (MMDDYYYY)

First name

M.I.

Last Name

Social security number

Relationship

Date of Birth (MMDDYYYY)

Head of household filers

SSN of qualifying non-dependent person

Date of Birth of qualifying non-dependent person (MMDDYYYY)

Do not enter your information

First name of qualifying non-dependent person

M.I.

Last Name

