

<b>Form 40</b> <b>Line 6c and Line 6d</b>	<b>Dependents Statement</b> Attach to your return	<b>2013</b> <b>Statement</b> _____
Name(s) shown on return		Social Security number (SSN)

**6c All dependents:**

Check the boxes if  
your dependents  
are disabled children

First names

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**Total number of dependents:**

**6d Disabled children only:**

First names

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**Total number of disabled children:**