

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

**Factors: fill in the blanks and check the prime numbers**

PRIME	NUMBER	FACTORS
<input type="checkbox"/>	21	: 21, 7, _____, 1
<input type="checkbox"/>	22	: 22, 11, 2, _____
<input type="checkbox"/>	23	: 23, _____
<input type="checkbox"/>	24	: 24, 12, _____, 6, _____, _____, _____, _____
<input type="checkbox"/>	25	: 25, _____, _____
<input type="checkbox"/>	26	: 26, _____, _____, 1
<input type="checkbox"/>	27	: 27, 9, 3, _____
<input type="checkbox"/>	28	: 28, 14, 7, _____, _____, 1
<input type="checkbox"/>	29	: 29, _____
<input type="checkbox"/>	30	: 30, _____, _____, 6, 5, 3, 2, 1
<input type="checkbox"/>	31	: 31, _____
<input type="checkbox"/>	32	: 32, _____, 8, _____, 2, 1
<input type="checkbox"/>	33	: 33, _____, 3, _____

## Answers

PRIME	NUMBER	FACTORS
<input type="checkbox"/>	21	: 21, 7, 3, 1
<input type="checkbox"/>	22	: 22, 11, 2, 1
<input checked="" type="checkbox"/>	23	: 23, 1
<input type="checkbox"/>	24	: 24, 12, 8, 6, 4, 3, 2, 1
<input type="checkbox"/>	25	: 25, 5, 1
<input type="checkbox"/>	26	: 26, 13, 2, 1
<input type="checkbox"/>	27	: 27, 9, 3, 1
<input type="checkbox"/>	28	: 28, 14, 7, 4, 2, 1
<input checked="" type="checkbox"/>	29	: 29, 1
<input type="checkbox"/>	30	: 30, 15, 10, 6, 5, 3, 2, 1
<input checked="" type="checkbox"/>	31	: 31, 1
<input type="checkbox"/>	32	: 32, 16, 8, 4, 2, 1
<input type="checkbox"/>	33	: 33, 11, 3, 1