

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

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

PRIME	NUMBER	FACTORS
<input type="checkbox"/>	29	: 29, _____
<input type="checkbox"/>	30	: 30, 15, _____, 6, _____, _____, 2, 1
<input type="checkbox"/>	31	: 31, _____
<input type="checkbox"/>	32	: 32, 16, 8, 4, _____, _____
<input type="checkbox"/>	33	: 33, 11, 3, _____
<input type="checkbox"/>	34	: 34, _____, _____, _____
<input type="checkbox"/>	35	: 35, 7, _____, 1
<input type="checkbox"/>	36	: 36, _____, _____, 9, 6, _____, 3, _____, _____
<input type="checkbox"/>	37	: 37, _____
<input type="checkbox"/>	38	: 38, 19, _____, 1
<input type="checkbox"/>	39	: 39, _____, 3, _____
<input type="checkbox"/>	40	: 40, 20, 10, 8, 5, 4, _____, 1
<input type="checkbox"/>	41	: 41, _____

## Answers

PRIME	NUMBER	FACTORS
<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
<input type="checkbox"/>	34	: 34, 17, 2, 1
<input type="checkbox"/>	35	: 35, 7, 5, 1
<input type="checkbox"/>	36	: 36, 18, 12, 9, 6, 4, 3, 2, 1
<input checked="" type="checkbox"/>	37	: 37, 1
<input type="checkbox"/>	38	: 38, 19, 2, 1
<input type="checkbox"/>	39	: 39, 13, 3, 1
<input type="checkbox"/>	40	: 40, 20, 10, 8, 5, 4, 2, 1
<input checked="" type="checkbox"/>	41	: 41, 1