

Tax Filer and Income Form

First name: _____ Last name: _____

Case ID: _____

This form asks for information about people in your household.

1. Name of **tax filer** (the person who claims you as a tax dependent on their federal income tax return).
2. Names of all members of the tax filer's household, including:
 - The tax filer's spouse, **if** they live with the tax filer, even if they don't file taxes together.
 - All other people the tax filer claims or expects to claim as a tax dependent this year.
 - Any family members who were living in the household and passed away this year.

If there is **more than one tax filer**, please attach a separate piece of paper.

Domestic violence

Check the box below if you or anyone above is a victim of domestic violence, and the tax filer who claims them as a dependent is the perpetrator. You do NOT need to complete the form below.

I am not completing the form below because of domestic violence.

Return this page as directed in the 'Action needed' section of the letter you received, by the **deadline in the letter that asks for this form**.

Additional Information:

- Community-based domestic violence advocacy programs and other information is also available at cdhs.colorado.gov/dvp.
- The Address Confidentiality Program (ACP) helps people experiencing domestic violence. Find out more at acp.colorado.gov.

Tax filer's information

Tax filer's name: _____

Gender: Male Female

Tax filing status:

- Head of household Married filing jointly Married filing separately
 Qualified widow(er) with dependent child

Tax filer's spouse's name (if living with tax filer):

Gender: Male Female

Tax filing status of spouse:

- Head of household Married filing jointly Married filing separately
 Qualified widow(er) with dependent child

Mailing address:

Street: _____ Apt./Suite: _____

City: _____ State: _____ ZIP code: _____

Phone: _____

Tax filer and other dependents

Tell us the names and dates of birth for the:

- tax filer
- tax filer's spouse (if they live with the tax filer and they file jointly)
- tax filer's other tax dependents

You **must** give your Social Security number (SSN) if you are applying for health coverage.

- Providing your SSN and the SSN for the tax filer and all dependents will help us process your application faster. We use SSNs to check income and other information to see what type of health coverage you may qualify for.
- Sharing an SSN is optional for anyone who is not applying for health coverage.

Name	Applying for health coverage?	Relationship to tax filer (parent, child, etc.)	Date of birth	SSN or date of application for SSN	U.S. citizen or U.S. national
(Tax filer listed above)	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

Household income

Tell us about any income for everyone in the chart above, even if they are not applying for health coverage. Provide proof for each type of income household members have. Send copies. Do not send originals.

Or check [] **No income**

Examples of types of income include:

- Employment income (job)
- Railroad retirement
- Rental income
- Survivor benefit
- Retirement or pension
- Social Security benefit
- Self-employment
- Supplemental Security Income
- Social Security Disability Insurance
- Veterans benefit
- Veteran widow benefit
- Child support
- Dividends or interest
- Alimony (Note: Only include for divorces finalized before January 1, 2019)
- Unemployment
- Worker's compensation
- Disability benefit
- Financial aid
- Other cash received each month

Name of person receiving income	Type of income	How often do they get this income?	Amount before taxes and deductions (gross income)	If income is from a job, check all that apply
		<input type="checkbox"/> Daily <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		<input type="checkbox"/> Seasonal job <input type="checkbox"/> Job with commission or tips <input type="checkbox"/> Neither
		<input type="checkbox"/> Daily <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		<input type="checkbox"/> Seasonal job <input type="checkbox"/> Job with commission or tips <input type="checkbox"/> Neither
		<input type="checkbox"/> Daily <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		<input type="checkbox"/> Seasonal job <input type="checkbox"/> Job with commission or tips <input type="checkbox"/> Neither
		<input type="checkbox"/> Daily <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		<input type="checkbox"/> Seasonal job <input type="checkbox"/> Job with commission or tips <input type="checkbox"/> Neither

		<input type="checkbox"/> Daily <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		<input type="checkbox"/> Seasonal job <input type="checkbox"/> Job with commission or tips <input type="checkbox"/> Neither
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Proof needed from the tax filer and the tax filer’s household members:

List of proof to send

Provide proof for each type of income. **Send copies.** Do not send originals.

Proof of income for this month’s or last month’s

- Income from a job: A pay stub or letter from the employer.
- Income from self-employment: A profit and loss statement, business ledger, contract, or bank statement.
- Unearned income from unemployment, Social Security, alimony (Note: Only include for divorces finalized before January 1, 2019), or spousal support: An award letter or copy of your pension or retirement account statement that shows the monthly amount.