By submitting this form (DR 0104HE) and checking the corresponding checkbox with my income tax return (form DR 0104), I authorize the Colorado Department of Revenue to share

FALSE Check here: I authorize the Colorado Department of Revenue to share information from this tax form (DR 0104HE) with Connect for Health Colorado for the

## **Section A: Household Contact Information**

Section A: Complete this section with your contact information. You will be asked questions about your insurance coverage and the members of your household in

Occion A. Comp		That your contact		•	octionio apoat joi	ar mearanee eer	erage and the m	erribere er jeur i	
Your Last Name				Your First Name					Middle Initial
Phone Number				Your email address	3				
		-						-	
Your Mailing Addre	ess (line 1)								
Your Mailing Addre	ess (line 2)								
City				State or Province	Zip Code or Posta	al Code	Foreign Country (	if applicable)	
	•	=	-						•

## **Section B: Household Member and Income Information**

Section B: Complete this section with information for other members of your tax household. For purposes of obtaining health insurance, your tax household typically

1. Enter your tax household size here. Include yourself, your spouse, and all individuals that you claim as a dependent on your federal income tax return.											
2. Enter your modified adjusted gross income from location xyz on your federal form 1040.											
3. Enter information about yourself, your spouse and/or dependents if applicable for each member of your tax household in the table below. If you are filing by paper,											
	1				Check if the	Check if the					
					individual is	individual does					
					currently a	not currently	Check if the				
					Colorado	have health care	individual is				
Last Name	First Name	Middle Initial	SSN or ITIN	Date of Birth	resident.	coverage.	deceased.				
					FALSE	FALSE	FALSE				
					FALSE	FALSE	FALSE				
					FALSE	FALSE	FALSE				
					FALSE	FALSE	FALSE				
					FALSE	FALSE	FALSE				
					FALSE	FALSE	FALSE				
					FALSE	FALSE	FALSE				
					FALSE	FALSE	FALSE				
					FALSE	FALSE	FALSE				