Barcode

By submitting this form (DR 0104HE) and checking the corresponding checkbox with my income tax return (form DR 0104), I authorize the

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

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

Your Last Name	You	ur First Name			Middle Initial
Phone Number	You	ur email address			
Your Mailing Address (line 1)					
Your Mailing Address (line 2)					
City			State	Zip Code	

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

1. Enter your tax household size here. Include yourself, your spouse, and all individuals that you claim as a dependent on your fed						
2. Enter your adjusted gross income from line 11 on your federal form 1040, 1040-SR, or 1040-NR.						
3. Enter information about yourself, your spouse, and/or dependents if applicable for each member of your tax household in the ta						
Last Name	First Name	Middle Initial	SSN or ITIN			