

Supplemental Tax Questions for MAGI Applications

***** Complete each column for each individual residing in the household *****

All adults (18 yrs and older) applying for Medicaid MUST sign the application.

Case Name: _____ SSN: _____ CRIS-E Case #: _____

Name of Individuals living in the household	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
How will you file federal income tax NEXT YEAR ?	<input type="checkbox"/> Single <input type="checkbox"/> Married Jointly <input type="checkbox"/> Married Separately <input type="checkbox"/> Not Filing	<input type="checkbox"/> Single <input type="checkbox"/> Married Jointly <input type="checkbox"/> Married Separately <input type="checkbox"/> Not Filing	<input type="checkbox"/> Single <input type="checkbox"/> Married Jointly <input type="checkbox"/> Married Separately <input type="checkbox"/> Not Filing	<input type="checkbox"/> Single <input type="checkbox"/> Married Jointly <input type="checkbox"/> Married Separately <input type="checkbox"/> Not Filing	<input type="checkbox"/> Single <input type="checkbox"/> Married Jointly <input type="checkbox"/> Married Separately <input type="checkbox"/> Not Filing	<input type="checkbox"/> Single <input type="checkbox"/> Married Jointly <input type="checkbox"/> Married Separately <input type="checkbox"/> Not Filing
Who do you claim as dependents, if any?						
Are you being claimed by someone not living in the household? If yes, please list name(s) of the tax filer claiming you as well as your relationship.						

Please make sure to inform the individual: We need the information above to check your eligibility for help paying for health coverage if you choose to apply. We'll check your answers using information in our electronic databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to provide verification.

County Worksheet

If tax questions worksheet is not completed with the application or if all adults applying for Medicaid have not signed the application, it is permissible for an individual to give you verbal permission to ping the HUB for themselves (includes their minor children) as long as you document in your journal.	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date of verbal confirmation
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