



CASE NUMBER: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

## TAX FILING QUESTIONS

Do you plan to file federal income tax return NEXT YEAR?

(YOU CAN STILL APPLY FOR HEALTH INSURANCE EVEN IF YOU DON'T FILE A FEDERAL TAX RETURN)

\_\_\_\_\_ (YES) If yes, please answer questions a-c      \_\_\_\_\_ (NO) If no, skip to question c.

a. Will you file jointly with a spouse? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of spouse: \_\_\_\_\_

b. Will you claim any dependents on your tax return? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list the name (s) of dependents:

\_\_\_\_\_

c. Will you be claimed as a dependent on someone's tax return? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the name of the tax filer:

\_\_\_\_\_

How are you related to the tax filer?

\_\_\_\_\_

Do you give authorization to the agency to verify information regarding income, and citizenship, with the Federal Data Base and resources search with asset verification service (AVS)?

\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please sign and date.)

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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