

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:

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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:

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How are you related to the tax filer?

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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: \_\_\_\_\_

Ashtabula County Job & Family Services  
2924 Donahoe Dr., Ashtabula, OH 44004  
E-mail: [ashtabula-verifications@jfs.ohio.gov](mailto:ashtabula-verifications@jfs.ohio.gov)  
Toll Free: (800) 935-0242  
Fax: (440) 998-1538