EXEMPTIONS—See Instruction 10

(A) Yourself ☐ Spouse ☐ (B) Check here if you are: ► ☐ 65 or over ► ☐ Blind   Spouse is: ► ☐ 65 or over ► ☐ Blind

Exemption Amount

(A) Enter No. Checked . . . . ☐ See Instruction 10 $ _____

(B) Enter No. Checked . . . . ☐ × $1,000 $ _____

(C) Enter No. Checked in Columns 6 & 7 . . . . ☐ See Instruction 10 $ _____

(D) Enter the Total Exemptions (Add A, B, and C) . . . . . . ► ☐ **Total Amount** $ _____

(C) Dependents:			(4) Check if Dep. under age 19 ►	(5) If (4) is checked, does child have health insurance now?		(6) Regular	(7) 65 or Over
(1) First name Last name	(2) Social Security number	(3) Relationship		► Yes	► No		
►							
►							
►							
►							
►							