

Step 2: PERSON

Tell us about any income this person gets. Complete this page even if this person doesn't need health coverage.



Current job & income information

Employed: If this person is currently employed, tell us about his/her income. Start with item 22.

Not employed: Skip to item 32.

Self-employed: Skip to item 31.

Current job 1:

22. Employer name

a. Employer address (optional)

b. City

c. State

d. ZIP code

23. Employer phone number

24. Wages/tips (before taxes)

Hourly

Weekly

Every 2 weeks

25. Average hours worked each WEEK

\$

Twice a month

Monthly

Yearly

Current job 2: (If this person has more jobs, attach another sheet of paper.)

26. Employer name

a. Employer address (optional)

b. City

c. State

d. ZIP code

27. Employer phone number

28. Wages/tips (before taxes)

Hourly

Weekly

Every 2 weeks

29. Average hours worked each WEEK

\$

Twice a month

Monthly

Yearly

30. In the past year, did this person: Change jobs Stop working Start working fewer hours None of these

31. If this person is self-employed, complete a and b:

a. Type of work:

b. How much net income (profits once business expenses are paid) will this person get from this self-employment this month? See instructions.

\$

32. **Other income this person gets this month:** Fill in all that apply, and give the amount and how often this person gets it. Fill in here if none.

NOTE: You **don't** need to tell us about this person's income from child support, veteran's payments, or Supplemental Security Income (SSI).

Unemployment

\$

How often?

Alimony received (**Note:** Only for divorces finalized before 1/1/2019.)

\$

How often?

Pension

\$

How often?

Net farming/fishing

\$

How often?

Social Security

\$

How often?

Net rental/royalty

\$

How often?

Retirement accounts

\$

How often?

Other income, type: _____

\$

How often?

33. **Deductions:** Fill in all that apply, and give the amount and how often this person gets it. If this person pays for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.

NOTE: You shouldn't include child support that this person pays, or a cost already considered in the answer to net self-employment (question 31b).

Alimony paid (**Note:** Only for divorces finalized before 1/1/2019.)

\$

How often?

Other deductions, type: _____

\$

How often?

Student loan interest

\$

How often?

34. **Complete only if this person's income changes during the year,** like if this person only works at a job for part of the year or receives a benefit for certain months. If you don't expect changes to this person's monthly income, skip to the next person. ➔

This person's total income **this year**

\$

This person's total income **next year**

\$

Fill in if you think your income will be hard to predict.

Thanks! This is all we need to know about this person.

NEED HELP WITH YOUR APPLICATION? Visit [HealthCare.gov](https://www.healthcare.gov), or call us at 1-800-318-2596. Para obtener una copia de este formulario en Español, llame 1-800-318-2596. If you need help in a language other than English, call 1-800-318-2596 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users can call 1-855-889-4325.