DR 0104EE (09/28/23)

COLORADO DEPARTMENT OF REVENUE
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## **Colorado Easy Enrollment Information Form**

Colorado taxpayers can now share certain information from their tax return with the Colorado Health Benefit Exchange (Connect for Health Colorado) and the Colorado Department of Health Care Policy & Financing to find out if they qualify for free or reduced-cost health coverage (Colorado Law: 39-21-113(25) C.R.S).

By submitting this form (DR 0104EE) and checking the corresponding checkbox with my income tax return (form DR 0104 or DR 0104EZ), I give permission for the Colorado Department of Revenue to share the information included on this form with the Colorado Health Benefit Exchange (Connect for Health Colorado) and the Department of Health Care Policy & Financing.

Note: If you agree to share this information, please complete (or verify) this form to the best of your ability and include it with your tax return. If filing by paper, ensure that it is mailed with your return. If filing electronically through your tax preparer or a software program, this form may be completed using the software. If you do not agree to share this information, please do not complete this form and do not include it with your return.

## **Section A: Household Contact Information**

Last Name		First Name			Middle Initial
Phone Number	<ul><li>Email Address</li></ul>				
Mailing Address (Line 1)					
Mailing Address (Line 2)					
• City			State	• ZIP Cod	e

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## **Section B: Household Member and Income Information**

Complete this section with information for all members of your tax household. For purposes of obtaining health coverage, your tax household typically consists of yourself, your spouse, and any person that you claim as a tax dependent on your federal income tax return. For more information about who may be claimed as a tax dependent on your federal income tax return and would be considered a part of you tax household, review IRS Publication 501.

1.	Enter your tax household size here. Include yourself, your spouse, and all individual	S			
	that you claim as a dependent on your federal income tax return (i.e. a household				
	with spouses filing jointly and one tax dependent child = household size of 3; enter				
	"3" in this field).	1			
2.	Enter your adjusted gross income from your federal form 1040. If you filed a 1040				
	adjacent form, see instructions.	2	0 0		
3.	Enter information about yourself, your spouse, and all individuals that you claim as	pout <b>yourself</b> , your spouse, and all individuals that you claim as a dependent on your federal			
l	income tax return in the table below.				

<ul><li>Last Name</li></ul>	First Name	Middle Initial	<ul> <li>Date of Birth</li> </ul>	• SSN or ITIN (optional)