

EXEMPTIONS See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

A ☐ **Yourself** ☐ **Spouse** **A.** Enter No. Checked. . . . ☐ See Instruction 10 **A. \$** _____

B ▶ ☐ 65 or over ▶ ☐ 65 or over **B.** Enter No. Checked. . . . ☐ X \$1,000. **B. \$** _____
▶ ☐ Blind ▶ ☐ Blind

C Enter No. from line 3 of Dependent Form 502B. ☐ See Instruction 10 **C. \$** _____

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

Check here if you authorize us to share your tax information with the Medical Assistance Program
for help finding health insurance. ▶ ☐