



FEDERAL INCOME TAX QUESTIONS

FAMILY ACCOUNT NUMBER: _____

We have listed the persons in your account for whom we have tax information.

1. Please read all of the information to make sure it is correct. If any of the answers are incorrect or blank, please write in the correct answer.
2. Sign and date the bottom of this form and send it back to us or call us at 877 GA PEACH (427-3224) to provide your information by phone.

Does this person plan to file federal income tax return next year?		If yes, will this person file jointly with a spouse?		Will this person claim any dependents on your tax return?		Will this person be claimed as a dependent on someone's tax return?	
Person			If yes, write the name of the spouse:		If yes, write the names of the dependents:	If yes, please write the name of the tax filer and relationship:	
						Name	Relationship

Parent Statement: I certify under penalty of perjury, that the information provided for my PeachCare for Kids application or renewal and on this Tax Information form is true and correct.

(Please certify one of the following)

- If I am applying for health benefits for myself, I certify under penalty of perjury that I am a U.S. Citizen and/or lawfully present in the United States. If I am a parent or legal guardian, I certify that the applicant(s) is a U.S. Citizen and/or lawfully present in the United States.
- If I am applying for someone else I certify to the best of my knowledge and belief that the person(s) for whom I am applying for health benefits is/are U.S. Citizen(s) or are lawfully present in the United States. I further certify that all of the information provided on the application is true and correct to the best of my knowledge.

Your Signature: _____

Date: ____/____/____