

## VERIFICATION OF INCOME FOR HEALTH INSURANCE MARKETPLACE

*Use this worksheet to organize information needed to verify income for your 2018 premium tax credit subsidy*

Print out and include this sheet with your documents

Contact Information	
Primary Contact	
Spouse	
Child 1	
Child 2	
Child 3	
Street Address	
City	
ZipCode	
Phone Number	
Email Address	
Today's Date	

Verification Letter Information			
Application Number			
State of Application	North Carolina		

*(found on 1st page of eligibility letter)*  
**INCLUDE the page with BARCODE**

Self Employment Chart Estimate for 2017 ANNUAL				
Business Name/Type of work	Gross Income	Expenses	Net Income	
<b>Total 2017 SE Income</b>				

If W-2 is available, please copy and include along with the Self Employment Income below

LIST of Income from Documents Provided					
Household Members Name	Income Type	Document	Income	Number of PAY PERIODS *choose from below	Estimated Annual Gross Income
TOTAL HOUSEHOLD INCOME ESTIMATE FOR 2017					

*\*Pay Periods: Weekly(52), Monthly(12), Quarterly(4), Annually(1)*

EXPLANATION

<i>SIGNATURE</i>	
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<i>DATE</i>	
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**Print on EACH PAGE of EACH DOCUMENT the following information:**

**Your Full Legal Name**

**Your Date of Birth**

**The State of your**

**Residence**

**Application ID #**

*IMPORTANT! Include the last page of the eligibility letter with the BAR CODE.*

**Scan all documents and send to:**

[dtroutinsurance@gmail.com](mailto:dtroutinsurance@gmail.com)