

**EXEMPTIONS**

See Instruction 10

(A)  Yourself

Spouse

(B)  65 or over  Blind

65 or over  Blind

**NOTE: If you are claiming dependents, you must attach the Dependent Form 502B to this form in order to receive the applicable exemption amount.**

(A) Enter No. Checked . . . . .  See Instruction 10 \$ \_\_\_\_\_

(B) Enter No. Checked . . . . .  X \$1,000 \$ \_\_\_\_\_

(C) Enter No. Checked from line 1 of Dependent Form 502B . . . . .  See Instruction 10 \$ \_\_\_\_\_

(D) Enter Total Exemptions (Add A, B and C) . . . . .  Total Amount \$ \_\_\_\_\_

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