

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. ▶