



DR 0104EE (06/23/22)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
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Colorado Easy Enrollment Information Form

Colorado taxpayers can now share certain information from their tax return with the Colorado Health Benefit Exchange (Connect for Health Colorado) and the Colorado Department of Health Care Policy & Financing to find out if they qualify for free or reduced-cost health coverage (Colorado Law: 39-21-113(25) C.R.S).

By submitting this form (DR 0104EE) and checking the corresponding checkbox with my income tax return (form DR 0104), I give permission for the Colorado Department of Revenue to share the information included on this form with the Colorado Health Benefit Exchange (Connect for Health Colorado) and the Department of Health Care Policy & Financing

Note: If you agree to share this information, please complete (or verify) this form to the best of your ability and include it with your tax return. If filing by paper, ensure that it is mailed with your return. If filing electronically through your tax preparer or a using a software program, this form may be completed using the software. If you do not agree to share this information, please do not complete this form and do not include it with your return.

Section A: Household Contact Information

● Last Name		● First Name		● Middle Initial	
● Phone Number		● Email Address			
● Mailing Address (Line 1)					
● Mailing Address (Line 2)					
● City			● State	● ZIP Code	



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Section B: Household Member and Income Information

Complete this section with information for all members of your tax household. For purposes of obtaining health coverage, your tax household typically consists of yourself, your spouse, and any person that you claim as a tax dependent on your federal income tax return. For more information about who may be claimed as a tax dependent on your federal income tax return and would be considered a part of you tax household, review IRS Publication 501.

1. Enter your tax household size here. Include yourself, your spouse, and all individuals that you claim as a dependent on your federal income tax return (i.e. a household with spouses filing jointly and one tax dependent child = household size of 3; enter "3" in this field).	● 1
2. Enter your adjusted gross income from line 11 on your federal form 1040, 1040-SR, 1040(SP), or 1040-NR.	● 2
3. Enter information about yourself , your spouse, and all individuals that you claim as a dependent on your federal income tax return in the table below.	

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● Last Name	● First Name	● Middle Initial	● Date of Birth	● SSN or ITIN (optional)

