## Department of Veterans Affairs

## **IRS/SSA VETERAN REPORTED INCOME**

**PRIVACY ACT INFORMATION:** Title 38, United States Code, Sections 501(a), 1705, 1710, 1722, 5317 and Public Law 101–508, the Omnibus Budget Reconciliation Act of 1990, grants the Department of Veterans Affairs (VA) the authority to verify Veterans' self-reported household income to determine eligibility for medical benefits. The VA also has the authority to verify Veterans' self-reported income with the Internal Revenue Service (IRS) and Social Security Administration (SSA). With the exception of Federal Tax Information (FTI), VA may make routine use disclosure under the authority of 45 CFR Parts 160 and 164 which permits such disclosures. The information being requested is voluntary, however failure to provide the information requested may delay or result in the denial of your health care benefits. Failure to furnish the information request will however not affect any benefits for which you are already deemed eligible due to service connection.

VA BURDEN STATEMENT: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0867, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 30 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at <u>vapra@va.gov</u>. Please refer to OMB Control No. 2900-0867 in any correspondence. Do not send your completed VA Form 10-301 to this email address.

SECTION I - GENERAL INFORMATION					
1. VE	TERAN'S NAME (Last, First, Middle Name)	2. CAS	E NUMBER	3. INCOME YEAR (YYYY)	
SECTION II - VERIFICATION OF INFORMATION					
Please select the option below which best represents your response to our attempt to verify your income information. This will help us determine your copay responsibilities and eligibility for VA health care benefits. Please understand that your income information is based on your gross household income (includes income of spouse and dependent children):					
	OPTION 1: AGREE I agree my reported total gross household income is   Threshold of . I do not wish to submit documenta that may reduce my income below the threshold.		. I do not wish to submit documentation of	above the VA National Income on of allowable deductible expenses	
	OPTION 2: AGREE/PROVIDING EVIDENCE OF DEDUCTIBLE EXPENSES	I have enclosed documentation threshold. Examples of allowabl drugs, Medicare premiums, heal expenses, and educational expe	cal expenses, such as prescription		
	OPTION 3: DISAGREE	I disagree with the financial information provided by IRS/SSA. I have enclosed copies of supporting documentation for disputed IRS/SSA information. I understand VA may use this information to determine my eligibility for health care benefits and may obtain verification from financial institutions and/or employers.			
SECTION III - ADDITIONAL INFORMATION					
I certify that my sale of real estate was my primary residence.					
SECTION IV - FINANCIAL INFORMATION					
Gross household income provided by IRS/SSA.					
	PAYER NAME	DOCUMENT TYPE	TYPE OF INCOME	AMOUNT (In US Dollars)	
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4. SIGNATURE OF APPLICANT				5. DATE SIGNED (MM/DD/YYYY)	