



IRS/SSA SPOUSE REPORTED INCOME

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SECTION I - GENERAL INFORMATION

1. VETERAN'S NAME <i>(Last, First, Middle Name)</i>		2. CASE NUMBER	3. INCOME YEAR <i>(YYYY)</i>
4. SPOUSE'S NAME <i>(Last, First, Middle Name)</i>			
<input type="checkbox"/>	OPTION 1	I agree my reported total gross household income is _____ above the VA National Income Threshold of _____. I do not wish to submit documentation of allowable deductible expenses that may reduce my income below the threshold.	
<input type="checkbox"/>	OPTION 2	I have enclosed documentation of allowable deductible expenses that may reduce my income below the threshold. Examples of allowable deductible expenses are unreimbursed medical expenses, such as prescription drugs, Medicare premiums, health insurance premiums, lab tests, eyeglasses, hearing aids, funeral/burial expenses, and educational expenses for the Veteran only.	

- W-2 Form(s) from employer(s)
- Form 1099 for any interest, stocks, bonds, dividends, etc. from financial institutions
- End-of-Year statements from financial institutions

- Copies of **paid** receipts or canceled checks for out-of-pocket medical expenses (physician, dentist, hospital, nursing home fees, health insurance premiums including Medicare premiums), prescription drugs and eye care not covered by health insurance
- Copies of **paid** receipts or cancelled checks for funeral/burial expenses for spouse or dependent child(ren)
- Copies of **paid** receipts or canceled checks for Veteran's tuition, fees, and book expenses for post-secondary or vocational training

NOTE: If separated or divorced, please provide legal documentation.

SECTION II - FINANCIAL INFORMATION

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5. SIGNATURE <i>(Required)</i>	6. DATE SIGNED <i>(MM/DD/YYYY)</i>
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