



MRN: _____
Household ID: _____

INCOME WITH NO TAX DEDUCTIONS

I, _____ have earned \$ _____ in the last 30 days and no taxes were withheld.

Signed _____

Date _____

INGRESOS SIN DEDUCCIÓN DE IMPUESTOS

Yo, _____ he ganado \$ _____ en los últimos 30 días y no me quitaron impuestos.

Firma _____

Fecha _____

The Medical Access Program serves the healthcare needs of eligible residents in Travis County and is funded by Central Health



