

Quote Request for Covered California

Contact Information

Name _____

Phone Number _____

Email _____

Number of people in the household

Household Income

Check One Annual Monthly Biweekly Weekly Hourly

Zip Code

Age of every adult in household over 18

Adult 1 (over 18)

Adult 2 (over 18)

Adult 3 (over 18)

Adult 4 (over 18)

Adult 5 (over 18)

Number of dependents age 18 or under

Check One 0 1 2 3 or more

OPTIONAL

Name of Preferred Primary Doctor

First, Last

How to calculate Household Income?

Your household income is based on what you file with the IRS on your 1040 form. See back for further explanation.

**RLWELLS
& ASSOCIATES, INC.**

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7		
	8a	Taxable interest. Attach Schedule B if required	8a		
	b	Tax-exempt interest. Do not include on line 8a	8b		
	9a	Ordinary dividends. Attach Schedule B if required	9a		
	b	Qualified dividends	9b		
	10	Taxable refunds, credits, or offsets of state and local income taxes	10		
	11	Alimony received	11		
	12	Business income or (loss). Attach Schedule C or C-EZ	12		
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13		
	14	Other gains or (losses). Attach Form 4797	14		
	15a	IRA distributions	15a		b Taxable amount
	15b				15b
	16a	Pensions and annuities	16a		b Taxable amount
	16b				16b
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		
	18	Farm income or (loss). Attach Schedule F	18		
	19	Unemployment compensation	19		
	20a	Social security benefits	20a		b Taxable amount
	20b				20b
	21	Other income. List type and amount	21		
	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22		
	Adjusted Gross Income	23	Educator expenses	23	
24		Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25		Health savings account deduction. Attach Form 8889	25		
26		Moving expenses. Attach Form 3903	26		
27		Deductible part of self-employment tax. Attach Schedule SE	27		
28		Self-employed SEP, SIMPLE, and qualified plans	28		
29		Self-employed health insurance deduction	29		
30		Penalty on early withdrawal of savings	30		
31a		Alimony paid b Recipient's SSN ▶	31a		
32		IRA deduction	32		
33		Student loan interest deduction	33		
34		Tuition and fees. Attach Form 8917	34		
35		Domestic production activities deduction. Attach Form 8903	35		
36		Add lines 23 through 35	36		
37		Subtract line 36 from line 22. This is your adjusted gross income ▶	37		

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.



Use the Total on line 37 for the Covered California quote.