

**ACCESS\$**  
**Illinois DHS HBS Program**  
**Employer**  
**TAX EXEMPTION CHECKLIST**

**Employer Name:** \_\_\_\_\_

**I represent myself on the DHS HBS Program: yes or no**

**If no, Participant you represent?** \_\_\_\_\_

**Individual Consumer Number** \_\_\_\_\_

**#1**

Do you employ any of the following family members?

SPOUSE	Yes or No	List name:
FATHER	Yes or No	List name:
MOTHER	Yes or No	List name:

**#2**

Do you employ your Child whom is under the age of 18?

Not Applicable  
Yes or No

**#3**

As legal guardian of the participant, do you employ any of the following family members of the participant employer?

SPOUSE	Yes or No
SON	Yes or No
DAUGHTER	Yes or No
PARENT	Yes or No

**Please return this form to:**

ACCESS\$, 830 South Spring Street, Springfield, IL 62704

Employer Signature: \_\_\_\_\_

Date: \_\_\_\_\_