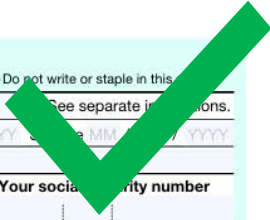


How to Apply for PPO Assist for 2027

1. Locate your 2025 IRS Form 1040 Federal Tax Return.
You will also need your spouse's return if you filed separately.



Form 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **2025** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this area.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 2025. See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased MM / DD / YYYY Date MM / DD / YYYY

☐ Other

Your first name and middle initial Last name Your social security number

If joint return, spouse's first name and middle initial Last name Spouse's social security number

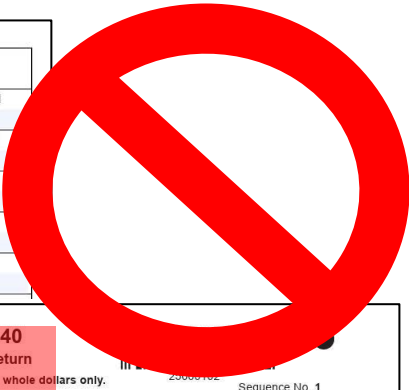
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☐

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code

Foreign country name Foreign province/state/county Foreign postal code

Filing Status ☐ Single ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
Check only one box. ☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: ☐ Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

We do not accept W-2 or State Tax Returns as proof of income.



Form W-2 Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

22222 a Employee's social security number OMB No. 1545-0008

b Employer identification number (EIN) 1 Wages, tips, other compensation 2 Federal income tax withheld

c Employer's name, address, and ZIP code 3 Social security wages 4 Social security tax withheld

5 Medicare wages and tips 6 Medicare tax withheld

7 Social security tips 8 Allocated tips

d Control number 9 10 Dependent care benefits

e Employee's first name and initial Last name

f Employee's address and ZIP code

15 State Employer's state ID number 16 State wages, tips, etc.

Do not staple or paper clip.

2025 Ohio IT 1040
Individual Income Tax Return
Use only black ink/UPPERCASE letters. Use whole dollars only.

☐ AMENDED RETURN - Check here and include Ohio IT RE. ☐ NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) Check if deceased Spouse's SSN (if filing jointly) Check if deceased School district #

First name M.I. Last name

Spouse's first name (if filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box

OHIOHEALTH myHealthPlan

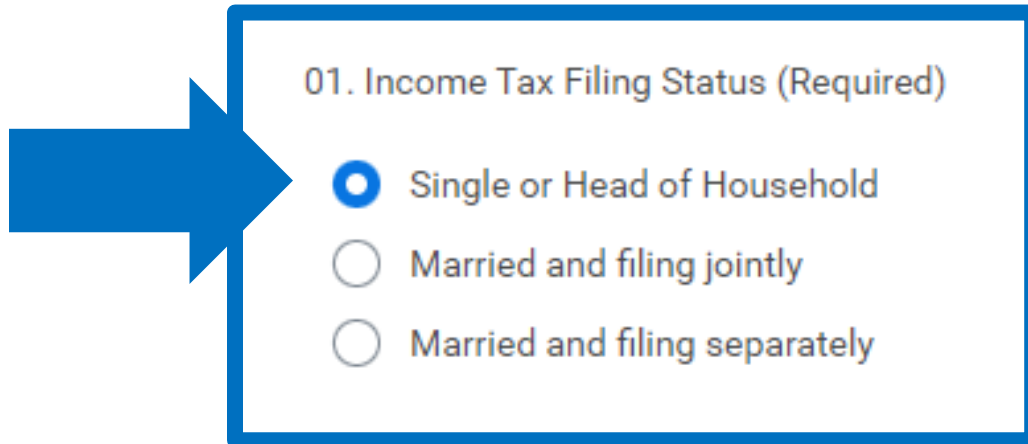
2. Open the Application in Workday

The application is available on Mobile & Desktop.



3. Read the Program Guidelines to ensure your submission is successful.

4. Select your Income Tax Filing Status. This must match your 2025 IRS Form 1040 Federal Tax Return.



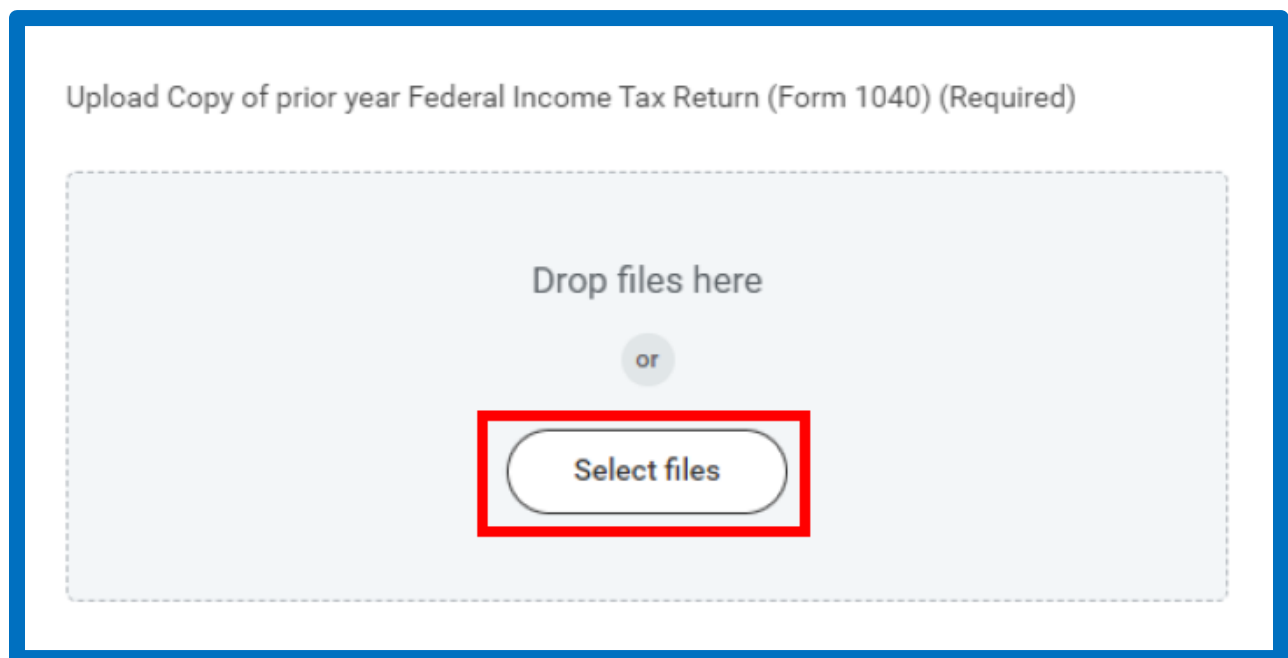
01. Income Tax Filing Status (Required)

☒ Single or Head of Household

☐ Married and filing jointly

☐ Married and filing separately

5. Click Select Files and Upload your 2025 IRS Form 1040 Federal Tax Return(s). Remember to include your spouse's tax return if you filed separately.



Upload Copy of prior year Federal Income Tax Return (Form 1040) (Required)

Drop files here

or

Select files



6. Click Submit. Once your application is reviewed, you'll receive a Workday notification with next steps.

Submit

NOTE: It can take up to two weeks for your application to be reviewed.

Questions or Need Help Applying?

Contact the HR Resource Center at
(614) 533.8888 or HRRC@OhioHealth.com.