

## **2020 HEALTH INSURANCE COVERAGE**

### **ALL CLIENTS & THEIR DEPENDENTS WHO LIVE IN NEW JERSEY, MASSACHUSETTS, VERMONT, CALIFORNIA, RHODE ISLAND OR DISTRICT OF COLUMBIA (WASHINGTON, DC) MUST PROVIDE PROOF OF HEALTH INSURANCE COVERAGE FOR INCOME TAX PREPARATION.**

- 1.) Effective 2019, the IRS no longer mandated for individuals to carry health insurance. As such, the “Shared Responsibility Payment” no longer applies for your federal return and you don’t need an exemption in order to avoid the penalty.

However, if you have received forms 1095-A, 1095-B and/or 1095-C, please include these forms with your documents for income tax preparation. They are also needed for the reconciliation of any Premium Tax Credit received on your federal return.

- 2.) The following states, however, DO have a health insurance mandate, thus requiring residents to maintain health insurance unless you qualify for an exemption:

New Jersey	California
Massachusetts	Rhode Island
Vermont	District of Columbia (Washington, D.C.)

For these states, please read the following statements carefully. More than one might apply to your “tax family” –

- a. If you had healthcare coverage with a government Marketplace (Exchange) during 2020, please provide form 1095-A, issued by the Marketplace. In some family situations you may have more than one 1095-A.
- b. If you are claiming someone on your return who was included on another taxpayer’s policy with a Marketplace, you will also need a copy of that taxpayer’s 1095-A.
- c. If your dependent filed a 2020 income tax return with another tax practitioner, please provide a copy of the tax return that was filed.
- d. If you had compliant health insurance through an employer plan, private policy or with a government plan, provide form 1095-B, 1095-C, or other proof of insurance document. This includes a copy of your medical insurance card.
- e. If you were issued a hardship exemption by the Marketplace (Exchange), provide all applicable exemption certificate numbers issued for each member of your family.

f. Complete the following information for every individual included in your “tax family” (including yourself) who did NOT have health insurance coverage for all 12 months in 2020 –

(1) Name of person who did NOT have insurance coverage:

\_\_\_\_\_

(2) Circle the month(s) where health insurance coverage was NOT provided:

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

ATTACH A COPY OF THIS FORM FOR ADDITIONAL “TAX FAMILY” MEMBERS WHO DID NOT HAVE COVERAGE FOR ALL 12 MONTHS IN 2020.

3.) Complete all information requested on the Healthcare Coverage Questionnaire for your “tax family” (see next page):

## Healthcare Coverage Questionnaire

Name:

SSN:

### Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

**YES    NO**

- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

**If you didn't have coverage part or all of the year:**

Answer YES if the following applies to any member of the household

- Was your previous insurance policy canceled in 2020?
- Was coverage offered by your employer or your spouse's employer?
- Are you a member of a federally recognized Indian tribe?
- Are you eligible for services through an Indian healthcare provider?
- Are you a member of a healthcare sharing ministry?
- Did you live in the United States the entire year?
- Are you enrolled in TRICARE?
- Did you apply for CHIP coverage?
- Do any of the following apply to you? Do NOT indicate which one.
  - Became homeless
  - Evicted in the past six months, or facing eviction or foreclosure
  - Received a shut-off notice from a utility company
  - Recently experienced domestic violence
  - Recently experienced the death of a close family member
  - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
  - Filed for bankruptcy in the last six months
  - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member