2016 HEALTH INSURANCE COVERAGE

ALL CLIENTS & THEIR DEPENDENTS MUST PROVIDE PROOF OF HEALTH INSURANCE COVERAGE FOR INCOME TAX PREPARATION.

- The IRS requires that you report certain information related to your healthcare coverage on your 2016 tax return. 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 2016, 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 2016 income tax return with <u>another</u> 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 <u>every individual</u> included in your "tax family" (including yourself) who did <u>NOT</u> have health insurance coverage for all 12 months in 2016 –

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

	-						_					
(2)) Circle	the mo	onth(s)	where h	nealth ir	nsuranc	ce cove	erage w	as NO	T provi	ded:	
	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 2016.

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

Healthcare Coverage Questionnaire

Name:	SSN:

Name:				SS	SN:
Heal	thcar	e Information			
		Had healthcare coverage:	For the entire year	For part of the year (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?			
		e was the policy obtained? Employer / Medicare / Medicaid / Marketplace(Exchange) / Other			
-		t have coverage part or all of the year:			
Ans\	ver YE □	S if it applies to any member of the household Was your previous insurance policy cancelled in 2016?			
		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 dis	saster		
		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 res	sulted in substantial del	ot	
		Experienced unexpected increases in essential expenses due to caring ill disabled or aging family member.			