2017 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 2017 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 2017, 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 2017 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 2017 –

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

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(2) Circle the month(s) where health insurance coverage was NOT provided:												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC

ATTACH A COPY OF THIS FORM FOR ADDITIONAL "TAX FAMILY" MEMBERS WHO DID NOT HAVE COVERAGE FOR ALL 12 MONTHS IN 2017.

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

		Healthcare Coverage Ques	tionnaire						
ame: SSN:									
Heal	thcar	e Information							
		Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at a				
ES	NO								
		Did anyone other than you or your spouse pay for healthcare coverage for	or anyone listed above	?					
	П	Did you pay for healthcare coverage for anyone not listed above?							
If you	Where	overage for any part of the year: was the policy obtained? Employer / Medicare / Medicaid / Marketplace(Exchange) / Other have coverage part or all of the year: S if the following applies to any member of the household							
		Was your previous insurance policy cancelled in 2017?							
		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							

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• Recently experienced the death of a close family member

• Filed for bankruptcy in the last six months

Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property

Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt