2024 HEALTH INSURANCE COVERAGE

- 1.) <u>ALL TAXPAYERS</u>: 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.) Effective 2019, the IRS at the federal level **NO LONGER** mandates individuals to carry health insurance.
- 3.) The following states, however, **DO** continue have a health insurance mandate, thus requiring residents in these states to maintain health insurance unless you qualify for an exemption:
 - New Jersey
 - California
 - Massachusetts
 - Rhode Island
 - Vermont
 - District of Columbia (Washington, D.C.)

Specific instructions **ONLY** for residents of these states are as follows:

- (a) Provide our office with proof of health insurance coverage for income tax preparation.
- (b) If you had healthcare coverage with a government Marketplace (Exchange) during 2024, please provide form 1095-A, issued by the Marketplace. In some family situations you may have more than one 1095-A.
- (c) 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.
- (d) If your dependent filed a 2024 income tax return with <u>another</u> tax practitioner, please provide a copy of the tax return that was filed.
- (e) 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.
- (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 2024 –
 - i. Name of person who did NOT have insurance coverage
 - ii. Identify the specific month(s) in 2024 where health insurance coverage was NOT provided

ATTACH A COPY OF THIS FORM FOR ADDITIONAL "TAX FAMILY" MEMBERS WHO DID NOT HAVE COVERAGE FOR ALL 12 MONTHS IN 2024.

- (g) If you were issued a hardship exemption by the Marketplace (Exchange), provide all applicable exemption certificate numbers issued for each member of your family.
- (h) 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	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 2024?				
		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 you 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 					