

## **2024 HEALTH INSURANCE COVERAGE**

- 1.) **ALL TAXPAYERS**: 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 another 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 every individual included in your "tax family" (including yourself) who did **NOT** 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):

