

Affordable Care Act Health Insurance Coverage

(This page must be completed before we can prepare your tax return.)

- | | Yes | No |
|--|-------|-------|
| a. Did you, your spouse and your dependents have health coverage for the full year? | _____ | _____ |
| b. Did you receive any of the following IRS documents? | | |
| 1095A (Health Insurance Marketplace statement) | _____ | _____ |
| 1095B (Health Coverage) | _____ | _____ |
| 1095C (Employer Provided Health Insurance Offer & Coverage) | _____ | _____ |
| If so, please bring in with other tax forms . | | |
| c. Did you purchase your health insurance from MnSure on the exchange? | _____ | _____ |
| d. Did you receive an advance credit against your health insurance premium during 2014? | _____ | _____ |
| e. If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? | _____ | _____ |
- If you received an exemption certificate, please attach.**

Taxpayer and Spouse Coverage

<u>Taxpayer</u>	<u>Spouse</u>
Covered all 12 months _____	Covered all 12 months _____
or	or
months of coverage	months of coverage
January _____	January _____
February _____	February _____
March _____	March _____
April _____	April _____
May _____	May _____
June _____	June _____
July _____	July _____
August _____	August _____
September _____	September _____
October _____	October _____
November _____	November _____
December _____	December _____

All dependents are insured under the taxpayer's plan _____, the spouse's plan _____, or neither _____.

If neither, please provide information regarding their coverage below.

<u>Name</u>	<u>Provider</u>		<u>J</u>	<u>F</u>	<u>M</u>	<u>A</u>	<u>M</u>	<u>J</u>	<u>J</u>	<u>A</u>	<u>S</u>	<u>O</u>	<u>N</u>	<u>D</u>
<i>Amy-Example</i>	<i>Medical Assistance or father's insurance</i>		X	X	X	X	X	X	X	X	X	X	X	X
_____	_____		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Signed _____