

Taxpayer: \_\_\_\_\_

# Organizer - Health Care Coverage

TAX YEAR: \_\_\_\_\_

Additional information can be found at [www.irs.gov/Affordable-Care-Act](http://www.irs.gov/Affordable-Care-Act) or [www.HealthCare.gov](http://www.HealthCare.gov)

|  |  |               |  |               |  |            |  |            |
|--|--|---------------|--|---------------|--|------------|--|------------|
| <p>→ <b>Did you have health care coverage for all 12-months during the year?</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 20px; width: fit-content;"> <p><i>Please provide copy of 1095-B / 1095-C received from employer</i></p> </div> <div style="margin-top: 20px; text-align: center;"> <p>Please indicate which months you did <b>NOT have any</b> health care coverage</p> </div> | <input type="checkbox"/> YES <input type="checkbox"/> NO | Taxpayer      | <input type="checkbox"/> YES <input type="checkbox"/> NO | Spouse        | <input type="checkbox"/> YES <input type="checkbox"/> NO | Dependent1 | <input type="checkbox"/> YES <input type="checkbox"/> NO | Dependent2 |
|  | All 12-months  | All 12-months | All 12-months  | All 12-months |  |            |  |            |
|  | Jan  | Jan           | Jan  | Jan           |  |            |  |            |
|  | Feb  | Feb           | Feb  | Feb           |  |            |  |            |
|  | Mar  | Mar           | Mar  | Mar           |  |            |  |            |
|  | APR  | APR           | APR  | APR           |  |            |  |            |
|  | May  | May           | May  | May           |  |            |  |            |
|  | Jun  | Jun           | Jun  | Jun           |  |            |  |            |
|  | Jul  | Jul           | Jul  | Jul           |  |            |  |            |
|  | Aug  | Aug           | Aug  | Aug           |  |            |  |            |
|  | Sep  | Sep           | Sep  | Sep           |  |            |  |            |
|  | Oct  | Oct           | Oct  | Oct           |  |            |  |            |
|  | Nov  | Nov           | Nov  | Nov           |  |            |  |            |
| Dec  | Dec  | Dec           | Dec  |               |  |            |  |            |

|  |  |               |  |               |  |            |  |            |
|--|--|---------------|--|---------------|--|------------|--|------------|
| <p>→ <b>Was ANY of your health care coverage provided through the Marketplace*?</b></p> <p><small>* Marketplace = <a href="http://www.Healthcare.gov">www.Healthcare.gov</a> or a state exchange</small></p> <div style="border: 1px solid black; padding: 5px; margin-top: 20px; width: fit-content;"> <p><i>Please provide copy of 1095-A received from provider</i></p> </div> <div style="margin-top: 20px; text-align: center;"> <p>If not all 12-months, please indicate which months your coverage was provided <b>through the Marketplace</b></p> </div> | <input type="checkbox"/> YES <input type="checkbox"/> NO | Taxpayer      | <input type="checkbox"/> YES <input type="checkbox"/> NO | Spouse        | <input type="checkbox"/> YES <input type="checkbox"/> NO | Dependent1 | <input type="checkbox"/> YES <input type="checkbox"/> NO | Dependent2 |
|  | All 12-months  | All 12-months | All 12-months  | All 12-months |  |            |  |            |
|  | Jan  | Jan           | Jan  | Jan           |  |            |  |            |
|  | Feb  | Feb           | Feb  | Feb           |  |            |  |            |
|  | Mar  | Mar           | Mar  | Mar           |  |            |  |            |
|  | APR  | APR           | APR  | APR           |  |            |  |            |
|  | May  | May           | May  | May           |  |            |  |            |
|  | Jun  | Jun           | Jun  | Jun           |  |            |  |            |
|  | Jul  | Jul           | Jul  | Jul           |  |            |  |            |
|  | Aug  | Aug           | Aug  | Aug           |  |            |  |            |
|  | Sep  | Sep           | Sep  | Sep           |  |            |  |            |
|  | Oct  | Oct           | Oct  | Oct           |  |            |  |            |
|  | Nov  | Nov           | Nov  | Nov           |  |            |  |            |
| Dec  | Dec  | Dec           | Dec  |               |  |            |  |            |

Please check box if anyone was granted a "coverage exemption" through the Marketplace?

Taxpayer   
  Spouse   
  Dependent1   
  Dependent2

Exemption Certificate Number    \_\_\_\_\_

NOTE001 \_\_\_\_\_

NOTE002 \_\_\_\_\_