

HEALTH INSURANCE COVERAGE INFORMATION

| LIST ALL INDIVIDUALS LISTED ON THE TAX RETURN, INCLUDING TAXPAYER / SPOUSE / DEPENDENTS | DID EACH INDIVIDUAL LISTED HAVE INSURANCE FOR 12 MONTHS IN 2018? | IF NOT, HOW MANY MONTHS IN 2018 DID THEY HAVE INSURANCE? | WAS THE INSURANCE PURCHASED THROUGH THE MARKETPLACE? | IF YES, DID YOU PROVIDE FORM 1095-A |
|--|---|---|---|--|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |
| 6) | | | | |

PLEASE NOTE:

IF YOU HAVE RECEIVED A FORM 1095-A, B, OR C AND HAVE NOT ATTACHED IT TO THIS WORKSHEET, BE ADVISED, IT MUST BE PROVIDED AS YOUR RETURN CANNOT BE COMPLETED WITHOUT IT. IF YOU CANNOT FIND IT, YOU MUST OBTAIN ANOTHER COPY SO THAT IT CAN BE PROVIDED TO YOUR TAX PREPARER.

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE:

DATE:
