

Health Care Coverage Questionnaire for taxpayer and spouse (for preparer use)

PRIMARY TAXPAYER

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Employer offered health coverage which was declined														
If YES, what would be the cost for SELF coverage?														
If YES, what would be the cost for FAMILY coverage?														
Would the FAMILY policy have covered the spouse?														

SPOUSE

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Employer offered health coverage which was declined														
If YES, what would be the cost for SELF coverage?														
If YES, what would be the cost for FAMILY coverage?														
Would the FAMILY policy have covered the spouse?														

Health Care Coverage Questionnaire for Dependents (for preparer use)

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A																				
Had health care coverage from another source																				
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.																				
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?																	

All Year January February March April May June July August September October November December

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Had health care coverage from another source																				
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.																				
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?																	

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Had health care coverage from another source																				
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.																				
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?																	