

2016 Health Insurance Questionnaire

Taxpayer (and Spouse)

Did you (primary taxpayer) have health insurance coverage for all 12 months of 2016?

- Yes, through the Exchange (include Form 1095-A)
- Yes, from another source - Where is the coverage from? _____
- Did it provide Minimum Essential Coverage? Yes No
- No, I did not have coverage for any months of 2016
- No, but I had coverage for some months of 2016 (complete chart on last page)

Did your spouse have health insurance coverage for all 12 months of 2016?

- Not Applicable
- Yes, same as primary taxpayer's coverage
- Yes, different than primary taxpayer's coverage (complete chart on last page)
- No, my spouse did not have coverage for any months of 2016
- No, but my spouse had coverage for some months of 2016 (complete chart on last page)

Dependent(s) – Include only those which are part of your TAX HOUSEHOLD

Did your dependent(s) have health insurance coverage for all 12 months of 2016?

- Not Applicable
- Yes, same as primary taxpayer's coverage
- Yes, different than primary taxpayer's coverage (complete chart on last page)
- No, my dependent(s) did not have coverage for any months of 2016
- No, but my dependent(s) had coverage for some months of 2016 (complete chart on last page)

Exemptions from the Individual Shared Responsibility Payment

(Do not complete if all members of your tax household had Minimum Essential Coverage for all 12 months of 2016)

- Part of a recognized religious sect
- Part of a health sharing ministry
- Illegal alien
- Incarcerated
- Member of Indian Tribe
- Hardship Exemption Exemption Certificate Number _____

Premium Tax Credit – Complete if you purchased insurance through the exchange

Did you purchase health insurance on the Exchange?

- Yes No

Were you eligible for (even if you did not receive) Medicare, Medicaid or other state or local health insurance program?

- Yes No

Were you eligible for (even if you did not receive) health care coverage through the taxpayer or spouse's employer?

- Yes
 Yes, but it did not satisfy the Individual Shared Responsibility Mandate because it either did not provide Minimum Essential Coverage or it was not deemed affordable for this purpose
 No

Premium Tax Credit (continued)

Did you receive an Advanced Premium Tax Credit?

- Yes No

Do any of these special situations apply?

- Adult nondependent children are part of my health insurance plan
 There was a change in marital status this year
 A dependent in my tax household can be claimed as an exemption on another taxpayer's tax return
 My health insurance policy covers individuals in two or more tax households

Do any dependents in your tax household have income?

- No
 Yes (**Certain income for dependents must be included in the calculation for Premium Tax Credit; we MUST review this income before we can proceed**)
 My dependent does not typically have to file a return (We can review the tax documents to be sure for 2016)
 My dependent has already filed a return (We need to review a copy of the filed return for 2016)
 My dependent needs to file a return (We can prepare this return)

Coverage Worksheet (complete only if prompted from an earlier question)

Place an X in the box for any month with NO COVERAGE

Individual	January	February	March	April	May	June
Taxpayer						
Spouse						
Dependent 1						
Dependent 2						
Dependent 3						
Dependent 4						
Individual	July	August	September	October	November	December
Taxpayer						
Spouse						
Dependent 1						
Dependent 2						
Dependent 3						
Dependent 4						

Describe coverage for each individual in your tax household

Type of Coverage (Medical/Catastrophic/Other) Describe:		
Individual	From (Exchange/employer/other - describe	Dates Covered
Taxpayer		
Spouse		
Dependent 1		
Dependent 2		
Dependent 3		
Dependent 4		

If any individual had more than one type of coverage or other situations we should be aware of please attach additional pages as needed