

# 2018 Health Insurance Questionnaire

---

## **Taxpayer (and Spouse)**

Did you (primary taxpayer) have health insurance coverage for all 12 months of 2018?

- 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 2018  
 No, but I had coverage for some months of 2018 (complete chart on last page)

Did your spouse have health insurance coverage for all 12 months of 2018?

- 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 2018  
 No, but my spouse had coverage for some months of 2018 (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 2018?

- 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 2018  
 No, but my dependent(s) had coverage for some months of 2018 (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 2018)

- 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 2018)

My dependent has already filed a return (We need to review a copy of the filed return for 2018)

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**

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

**Describe coverage for each individual in your tax household**

<b>Type of Coverage (Medical/Catastrophic/Other) Describe:</b>		
<b>Individual</b>	<b>From (Exchange/employer/other - describe</b>	<b>Dates Covered</b>
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**