

IMPORTANT – THIS FORM MUST BE COMPLETED

Prior to completing your 2017 tax return, we require all individual taxpayers to complete the following items related to Health Care for you and all members of your household. Please initial each applicable item (1-2) and sign the bottom of the page.

- _____ 1. If you had health care coverage with a government **Marketplace (Exchange)** during 2017, please **provide Form 1095-A**, issued by the Marketplace. In some family situations you may have more than one Form 1095-A.

- _____ 2. If you had health insurance through an **employer plan, private policy** or with a **government plan**, provide Form 1095-B, 1095-C or other proof of insurance document.

COMPLETE BELOW ONLY IF YOU WERE NOT COVERED ALL YEAR

In the event you do not have qualified health insurance for the entire year for your entire household, please provide us with the following information regarding insurance coverage for all members of your household. In the absence of the completion of items 1-2 above, we will calculate the tax and include it with your return.

<u>Period</u>	<u>Insured's Name</u>	<u>Insurance Company</u>
January	_____	_____
February	_____	_____
March	_____	_____
April	_____	_____
May	_____	_____
June	_____	_____
July	_____	_____
August	_____	_____
September	_____	_____
October	_____	_____
November	_____	_____
December	_____	_____

Printed Name/Date

Printed Name/Date

Taxpayer Signature

Spouse Signature