



Welcome to the Affordable Care Act Worksheet for the 2018 tax year. Please make sure this worksheet is complete and all requested material is provided.

PERSONAL DATA (Please Print)		
First Name	M.I.	Last Name (as on your SS Card)
Taxpayer:		
Spouse:		

IMPORTANT QUESTIONS				
Taxpayer		Spouse		Please Answer All Questions
Yes	No	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive Form 1095-A, 1095-B, or 1095-C? <i>If yes, please provide a copy.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If no, did you maintain health insurance at any point during the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you entitled to claim dependents?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, were the dependents covered by health insurance at any point during the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were there any gaps or lack of coverage in the year for you or any dependents?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, was there more than one gap?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was any gap less than 3 months? If yes, the gap can qualify for a short coverage gap exception.
If you had gaps that do not meet the short coverage exception, are you exempt because you were:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Part of a recognized religious sect?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Part of a health care sharing ministry?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not lawfully present in the U.S.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incarcerated?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A member of an Indian Tribe?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Could not afford coverage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Qualified for a hardship exemption?
				If yes, please provide Exemption Certificate Number (ECN) <i>Tax returns without ECNs are rejected.</i>

Application for Exemption found at HealthCare.gov <https://www.healthcare.gov/fees-exemptions/apply-for-exemption/>