



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/>