

HEALTH INSURANCE COVERAGE

In order for us to prepare your 2018 tax return, we are required to have proof that you, your spouse, and all of the dependents you are claiming in 2018 had qualifying health insurance for ALL 12 months of 2018. (You are required to have full year coverage for all 12 months; if you had health insurance for 10 or more months throughout the year, there is a 2 month non-covered allowance.)

You should receive for yourself, spouse and ALL dependents Form 1095 showing ALL months of Health Insurance coverage. We will need these forms to complete your 2018 Tax Return. (Insurance cards are not acceptable as proof of coverage.) If you are 65 years or older and on Medicare, please sign below at letter A. Your health coverage is listed on your social security statement therefore, you will NOT receive Form 1095.

Form 1095 will be issued to you from one of the following: Employer, Insurance Company or the HealthCare Marketplace. You should receive your Form 1095 by January 31st. If you DO NOT receive Form 1095 by the deadline, please contact your employer.

PLEASE COMPLETE THE APPROPRIATE OPTION BELOW:

A.) I, the undersigned, acknowledge that I had qualifying health insurance from January 1, 2018 – December 31, 2018 for myself, my spouse and every claimable dependent.

Signature	Printed Name	Date
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Signature (spouse, if applicable)	Printed Name	Date
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B.) I, the undersigned, did not have any qualifying health insurance from January 1, 2018 – December 31, 2018 for myself, my spouse and every claimable dependent.

Signature	Printed Name	Date
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Signature (spouse, if applicable)	Printed Name	Date
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C.) If you or any of your dependents are exempt from required coverage, please complete the table below.

List Taxpayer, Spouse & All Dependents	Reason For Exemption <small>*See Code Below</small>	ALL 12 Months	Months Applicable													
			January	February	March	April	May	June	July	August	September	October	November	December		

*Reason for Exemption Code: 1=4029 Religious Exemption. 2=Health Care Ministry (List Name of Ministry). 3=Medicaid. 4=Other (Please Explain)