

Affordable Care Act Information Intake Form

Taxpayer's Name: _____

Tax Year: _____

Indicate only one of these boxes

1 _____	Check here if ENTIRE Household had Health Insurance Coverage compliant with the Affordable Care Act for ALL Months of the Year *For more information, go to this link http://www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Minimum-Essential-Coverage -If you received your coverage from the Marketplace, you MUST provide form 1095-A -You may have received form 1095-B from a Health Insurance Provider - If so, please provide us with it. -You may have received form 1095-C from your Employer - if so, please provide us with it. -If you have no 1095, retain proof of coverage in your personal files as you may be required to provide it in the event of an audit.
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2 _____	Check here if ENTIRE Household had NO Health Insurance Coverage for the ENTIRE Year
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3 _____	Check here if Partial Coverage - Some, but not all, household members had coverage and/or coverage was for some, but not all, months of the year If Partial Coverage is indicated, then we need specific details of which family members were covered for which months of the year. Please fill out the 2 nd to last page of your organizer titled Health Coverage Form with this information.
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Taxpayer's Signature: _____