

Affordable Care Act Information Intake Form

Taxpayer's Name: _____

Indicate only one of the first three lines

1 _____ Check here if ENTIRE Household had Minimum Essential Coverage* for ALL Months of the Year

*Definition of Minimum Essential Coverage is available - ask a member of our staff or follow 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.

If you checked line 1, STOP, you are done with this form. Sign at the bottom.

2 _____ Check here if ENTIRE Household had NO Coverage for the ENTIRE Year

If selected, go to line 4

3 _____ Check here if Partial Coverage - Some, but not all, household members and/or 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. See page at the end of your organizer or complete **ACA Form 1** (available from our staff or in this workbook on page 2)

For months of no coverage, go to line 4

4 _____ For months of no coverage, indicate whether you already have an exemption or believe you qualify for an exemption**.

**A list of exemptions is available - see a member of our staff or follow this link

<http://www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions>

_____ Already have an exemption or qualify for an exemption

_____ Not exempt

If not exempt, then STOP, you are done with this form. Sign at the bottom.

If you are exempt, then indicate which exemption applies for which months of the year Complete **ACA Form 2** (available from our staff or in the workbook on page 3)

If you have an exemption certificate from the Marketplace, you must provide it before we can complete your return.

Taxpayer's Signature: _____

ACA Form 1

General Information - Partial Coverage

Covered Individual (#1)

First Name	
Last Name	
ID Number (SSN or TIN)	
Date of Birth	
1=covered all 12 months	

Covered Individual (#2)

First Name	
Last Name	
ID Number (SSN or TIN)	
Date of Birth	
1=covered all 12 months	

Months of coverage: if not covered for all 12 months, check which months had coverage for at least one day:

January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Months of coverage: if not covered for all 12 months, check which months had coverage for at least one day:

January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Covered Individual (#3)

First Name	
Last Name	
ID Number (SSN or TIN)	
Date of Birth	
1=covered all 12 months	

Covered Individual (#4)

First Name	
Last Name	
ID Number (SSN or TIN)	
Date of Birth	
1=covered all 12 months	

Months of coverage: if not covered for all 12 months, check which months had coverage for at least one day:

January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Months of coverage: if not covered for all 12 months, check which months had coverage for at least one day:

January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Taxpayer's Signature: _____

ACA Form 2

Coverage Exemptions for Individuals Claimed on Returns

Name of Individual	Exemption Type	Full Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Exemption Key:

- A Coverage is considered unaffordable (more than 8% of household income)
- B Short coverage gap - without coverage for < 3 consecutive months
- C Citizens living abroad and certain non-citizens
- D Members of a health care sharing ministry
- E Members of Federally-recognized Indian tribes
- F Incarceration
- G-1 Hardship - cost of employer sponsored coverage is >8% of household income
- G-2 Hardship - You purchased insurance through Marketplace during the initial enrollment period but have a coverage gap at the beginning of 2014
- G-3 Hardship - You applied for CHIP coverage during the initial open enrollment period but have a coverage gap at the beginning of 2014
- H-1 Limited benefit Medicaid and TRICARE programs
- H-2 Fiscal year employer-sponsored plan

- MKT-1 Members of certain religious sects. **Must have certificate from the Marketplace**
- MKT-2 Hardship - Circumstances that prevent you from obtaining coverage. **Must have certificate from the Marketplace**

Follow this link to apply for an exemption certificate from the Marketplace:
<https://www.healthcare.gov/fees-exemptions/apply-for-exemption/>

Taxpayer's Signature: _____