

PART III. INCOME - DID YOU (OR YOUR SPOUSE) RECEIVE:

Yes No Unsure

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Wages or Salary? (Forms W-2's) Tip Income? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV, 1099-B) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Have any interest or authority over a financial account in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Self Employment payments (such as cash received for services, small businesses)? (Form 1099-MISC) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Refund of state income taxes? (Form 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Alimony Income? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Income (or loss) from the sale of Stocks, Bonds or Real Estate? (Forms 1099-B, 1099-S) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Distributions from Pensions, Annuities, and/or IRA? Disability Income? (Forms 1099-R) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Unemployment Compensation? (Form 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Income from S-Corporations or Partnerships? (Forms K-1) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Other Income (Gambling, Lottery, Prizes, Awards, Jury Duty, etc.) |

PART IV. EXPENSES- DID YOU (OR YOUR SPOUSE) PAY:

Yes No Unsure

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Alimony: If yes, provide the recipient's SSN? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Contributions to a retirement account? <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401K <input type="checkbox"/> Other |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. College Expenses (Form 1098-T, Need Payment Transcript and Textbooks Receipts) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Home Mortgage Interest? (Form 1098) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Real estate taxes? Personal property taxes for vehicles, boats, etc? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Charitable contributions? (Did you make any qualifying charitable distributions from your IRA?) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Medical expenses (including health insurance premiums, long-term care premiums paid out of pocket)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Unreimbursed employee business expenses (such as teacher supplies, uniforms or mileage)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Child/dependent care expenses, such as day-care? |

PART V. LIFE EVENTS - DID YOU (OR YOUR SPOUSE):

Yes No Unsure

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Have a Health Savings Account? (Forms 5498-SA, 1099-A, W-2 Box 12 Code W) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form 1099-C) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Buy, sell or have a foreclosure of your home? (Form 1099-A) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, which tax year? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Purchase and install energy efficient home items (such as windows, furnace, insulations, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Received the First Time Homebuyers Credit in 2008? (More information may be required.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Pay any student loan interest? (Form 1098-E) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Make estimated tax payments or apply last year's refund to this year's tax return? |

PART VI. BUSINESS INFORMATION - DID YOU (OR YOUR SPOUSE):

Yes No Unsure

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you have a business this tax year? If yes, check which ones: <input type="checkbox"/> Business <input type="checkbox"/> Rental <input type="checkbox"/> Farm |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Did you make any payments last year that would require you to file Form(s) 1099? (\$600 or more per vendor) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. If yes to No. 2, did you or will you file all reported Form(s) 1099? (Due date to file is Feb. 28th) |
- (Late Filing Could Result In Large Penalties, If You Are Audited!)**

PLEASE SEE ADDITIONAL PAGE FOR AFFORDABLE HEALTHCARE ACT COMPLIANCE

HealthCare Coverage Questionnaire

Name(s)	<u>Qualifying Coverage</u>		No Coverage See Below	If have coverage, circle one					
	Entire Year	If Part of Year See Q Below		**Marketplace	Employer	Medicaid	Medicare	Private	Other
1.				**Marketplace	Employer	Medicaid	Medicare	Private	Other
2.				**Marketplace	Employer	Medicaid	Medicare	Private	Other
3.				**Marketplace	Employer	Medicaid	Medicare	Private	Other
4.				**Marketplace	Employer	Medicaid	Medicare	Private	Other
5.				**Marketplace	Employer	Medicaid	Medicare	Private	Other
6.				**Marketplace	Employer	Medicaid	Medicare	Private	Other
7.				**Marketplace	Employer	Medicaid	Medicare	Private	Other
8.				**Marketplace	Employer	Medicaid	Medicare	Private	Other
9.				**Marketplace	Employer	Medicaid	Medicare	Private	Other
10.				**Marketplace	Employer	Medicaid	Medicare	Private	Other

****Anyone listed above with Insurance from the Marketplace, Form 1095-A is required to file tax return.**

Part Year Coverage - List Name(s) and Months Covered (Forms 1095-B and/or 1095-C may be required)	
1.	
2.	
3.	
4.	
5.	
6.	
7.	

No Qualifying Coverage - Check if Exception is Applicable
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- Member of a healthcare sharing ministry
- Short gap coverage - You went without coverage for less than 3 consecutive months
- Coverage considered unaffordable (will need more information)
- In jail, prison, or correctional facility
- Other Hardship - **Please see back** - Will need Exemption Certificate Number

Signature

Date



Hardship Categories and Documentation

Look at the hardship categories and the required documents listed below to see if you qualify for a hardship exemption.

Hardship number	Category	Required documentation (Send COPIES of one of the documents listed below for your hardship.)
1	You were homeless.	None.
2	You were evicted in the past 6 months or were facing eviction or foreclosure.	Eviction or foreclosure notice. The date of the notice must be within the last 6 months.
3	You received a shut-off notice from a utility company.	Shut-off notice from a utility company which states service has or will be shut-off.
4	You recently experienced domestic violence.	None.
5	You recently experienced the death of a close family member.	Death certificate, death notice from newspaper, funeral service program, funeral expenses, coroner's report, military notification of death, or other official notice of death.
6	You experienced a fire, flood, or other natural or human-caused disaster that caused substantial damage to your property.	Police or fire report, insurance claim, or other document from government agency, private entity, or news source about the event.
7	You filed for bankruptcy in the last 6 months.	Official bankruptcy filing documents from a date within the last 6 months.
8	You had medical expenses you couldn't pay in the last 24 months.	Medical bills from a date within the last 24 months.
9	You experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member.	Receipts for bills or services related to care, like medical bills, home care services, or transportation receipts.
10	You expect to claim a child as a tax dependent who's been denied coverage in Medicaid and the Children's Health Insurance Program (CHIP), and another person is required by court order to give medical support to the child.	Court order that covers the time period for which you want the exemption AND copies of eligibility notices for Medicaid and CHIP which show that the child has been denied coverage.
11	As a result of an eligibility appeals decision, you're eligible either for: 1) enrollment in a qualified health plan (QHP) through the Marketplace, 2) lower costs on your monthly premiums, or 3) cost-sharing reductions for a time period when you weren't enrolled in a QHP through the Marketplace.	Notice of appeals decision.
12	You were determined ineligible for Medicaid because your state didn't expand eligibility for Medicaid under the Affordable Care Act.	Notice of denial of eligibility for Medicaid. The notice must be from a date during the time period for which you're requesting the exemption.
13	You received a notice saying that your current health insurance plan purchased on the individual market (non-group coverage) will be cancelled, and you consider the other plans available unaffordable.	Notice of cancellation from the insurance company.
14	You experienced a hardship that kept you from getting health insurance that's NOT listed in categories #1-13.	There are a limited number of other hardships that qualify. Go to HealthCare.gov/fees-exemptions/hardship-exemptions/ to see this list, and follow the instructions to claim another hardship on page 3.

NEED HELP WITH YOUR APPLICATION? Visit [HealthCare.gov](https://www.healthcare.gov), or call us at **1-800-318-2596**. Para obtener una copia de este formulario en Español, llame **1-800-318-2596**. If you need help in a language other than English, call **1-800-318-2596** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call **1-855-889-4325**.