

**HEALTH INSURANCE QUESTIONNAIRE**

*\*Required by the IRS\**

**INFORMATION:**

**Client:** FIRST **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** LAST **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Did you have Health Insurance for *yourself, spouse and all your dependents* **ALL** 12 months of 2018?

**\_\_\_** **YES** List person/s covered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **&/or \_\_\_ NO** List person/s **NOT** covered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you receive “Form 1095” in the mail? \_\_\_ **YES** (bring to tax appt) \_\_\_ **NO**
2. Did you receive any Health Care Premium Credits to assist in monthly payment for Health Insurance? \_\_ **YES** \_\_ **NO: \*If YES, a 1095-A is required to complete your taxes.**
3. If you checked **NO** on line **1** see below**.**
	1. If *you or any of your dependents* had Health Insurance for *any part* of the 2018 tax year, please indicate which months there ***WAS COVERAGE***?

Primary: \_\_Jan \_\_Feb \_\_Mar \_\_Apr \_\_May \_\_June \_\_July \_\_Aug \_\_Sept \_\_Oct \_\_Nov \_\_Dec

Spouse: \_\_Jan \_\_Feb \_\_Mar \_\_Apr \_\_May \_\_June \_\_July \_\_Aug \_\_Sept \_\_Oct \_\_Nov \_\_Dec

\_\_\_\_\_\_\_\_\_\_\_\_: \_\_Jan \_\_Feb \_\_Mar \_\_Apr \_\_May \_\_June \_\_July \_\_Aug \_\_Sept \_\_Oct \_\_Nov \_\_Dec

\_\_\_\_\_\_\_\_\_\_\_\_: \_\_Jan \_\_Feb \_\_Mar \_\_Apr \_\_May \_\_June \_\_July \_\_Aug \_\_Sept \_\_Oct \_\_Nov \_\_Dec

\_\_\_\_\_\_\_\_\_\_\_\_: \_\_Jan \_\_Feb \_\_Mar \_\_Apr \_\_May \_\_June \_\_July \_\_Aug \_\_Sept \_\_Oct \_\_Nov \_\_Dec

\_\_\_\_\_\_\_\_\_\_\_\_: \_\_Jan \_\_Feb \_\_Mar \_\_Apr \_\_May \_\_June \_\_July \_\_Aug \_\_Sept \_\_Oct \_\_Nov \_\_Dec

***TAXPAYER’S STATEMENT***

Under penalties of perjury, I declare that all the above information is true and correct and can be used in completing my tax return. I further understand that any false statement by me and/or my spouse is considered fraud and is punishable under the laws of the United States Government. If I was provided a 1095-A, B or C from my employer or health insurance provider, it is my responsibility to bring **ALL** 1095s to my tax appointment.

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Updated: Tax Season 2019