

2014 HEALTH INSURANCE INFORMATION WORKSHEET

(Must be filled out prior to tax appointment)

- PLEASE BRING TO INITIAL TAX APPT.
- 1) ANY Form 1095-A, Form 1095-B, or Form 1095-C you receive.
 - 2) Proof of insurance coverage (insurance card, documentation from insurance company, etc.).

NOTE - MEDICARE COVERAGE: If you received Medicare coverage for the entire year, you are not required to complete this form.

Name	DOB	Health Care Coverage	SSN
Taxpayer _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Spouse _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Dependent _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Dependent _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Dependent _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Health Insurance Information

	2014 Health Insurance Provider Company Name	Owner of Policy	Dates of Coverage*
Taxpayer			
Spouse			
Dependent (s)			

* Detail any months during 2014 in which you did not maintain insurance coverage:

Describe any exemption or exception from required health insurance coverage:

Are you receiving any 2014 premium tax credit with regard to your health insurance coverage Yes No

Under penalties of perjury, I declare that the information on this form is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Signature: _____

Note: In order to prepare your 2014 individual income tax return, the IRS requires that we have detailed information regarding your 2014 individual and family health insurance coverage. Your assistance in completing the information detailed above is greatly appreciated.