

HEALTH CARE AFFIRMATION FORM

****PLEASE COMPLETE THIS FORM AND INCLUDE IT WITH YOUR 2018 TAX PAPERS****

TAXPAYER: _____

- In 2018, did you purchase health insurance through *The Marketplace / Exchange*? Y___ N___
 If yes, forward Form 1095-A to our office with your 2018 tax documents.
- In 2018, did you have employer (or spouse's employer) sponsored health insurance coverage? Y___ N___
 If yes and your employer **has more than 50 employees**, you will receive Form 1095-C.
Forward Form 1095-C to our office with your 2018 tax documents.
 If yes and your employer has **fewer than 50 employees**, you will not receive Form 1095-C, please answer the following question:
 - Were you covered for all 12 months? Y___ N___
 If no, list months **NOT** covered: _____
- In 2018, did you have health insurance provided by Medicare, Medicaid, TRICARE, CHIP or Veteran's Health? Y___ N___
 - If yes, were you covered for all 12 months? Y___ N___
 If no, list months **NOT** covered: _____
- In 2018, did you purchase qualified health insurance from an agent or insurance company? Y___ N___
 If yes, forward Form 1095-B to our office with your 2018 tax documents.

SPOUSE: _____

- In 2018, did you purchase health insurance through *The Marketplace / Exchange*? Y___ N___
 If yes, forward Form 1095-A to our office with your 2018 tax documents.
- In 2018, did you have employer (or spouse's employer) sponsored health insurance coverage? Y___ N___
 If yes and your employer **has more than 50 employees**, you will receive Form 1095-C.
Forward Form 1095-C to our office with your 2018 tax documents.
 If yes and your employer has **fewer than 50 employees**, you will not receive Form 1095-C, please answer the following question:
 - Were you covered for all 12 months? Y___ N___
 If no, list months **NOT** covered: _____
- In 2018, did you have health insurance provided by Medicare, Medicaid, TRICARE, CHIP or Veteran's Health? Y___ N___
 - If yes, were you covered for all 12 months? Y___ N___
 If no, list months **NOT** covered: _____
- In 2018, did you purchase qualified health insurance from an agent or insurance company? Y___ N___
 If yes, forward Form 1095-B to our office with your 2018 tax documents.

DEPENDENT: _____ In 2018, did dependent have health insurance coverage? Y___ N___
 ○ If yes, was dependent covered for all 12 months? Y___ N___
 If no, list months **NOT** covered: _____

DEPENDENT: _____ In 2018, did dependent have health insurance coverage? Y___ N___
 ○ If yes, was dependent covered for all 12 months? Y___ N___
 If no, list months **NOT** covered: _____

DEPENDENT: _____ In 2018, did dependent have health insurance coverage? Y___ N___
 ○ If yes, was dependent covered for all 12 months? Y___ N___
 If no, list months **NOT** covered: _____

****LIST ADDITIONAL DEPENDENTS & THEIR INFORMATION ON THE BACK OF THIS FORM****

If, according to the information above, you are to have a Form 1095-A,B or C and have not received the form, it is important that you contact your insurance provider or employer for the form. Our office does not have access to this information and it is necessary that we have the form to complete your tax return.

If you, your spouse and/or any dependents **DID NOT have qualifying health care coverage for every month of 2018**, you may qualify for an exemption or a statutory exemption. Please check here: _____ Our office will contact you to discuss your tax filing options.

If needed, you can download a copy of this form on our website at www.cierocpa.com. Please return this completed form to our office along with your 2018 tax documents. **Failure to complete and sign this form will result in a delay in the preparation of your tax returns.**

Taxpayer Signature

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