

Health Care Coverage Questionnaire

1. Were you, your spouse and the dependents you are claiming on your tax return (your total exemptions) covered by health insurance for the entire year? Yes No
 - a. If **Yes**, who was the health insurance provided by? _____
 - b. If **No** and you are exempt from the health insurance coverage mandate, please provide a copy of your Certificate of Exemption issued by the exchange.
 - c. If **No** and you are not exempt, please provide a list as to who was covered, by whom and for what dates, as well as who was not covered and for what dates.

2. Did you have a premium credit through the health care exchange? Yes No
 - a. If **Yes** and you moved during the year to a different borough/county, please provide a list of each that you lived in and the dates for each person for which an exemption is being claimed on your tax return.

3. Please provide copies of any 1095-A, 1095-B or 1095-Cs you received

Signature: _____

Date: _____