Health Insurance Coverage

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet

must be manually entered on the appropriate form in ProSeries/1040.

Part	1	Coverage

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015.

	Name of account		Carranad	Frehause		Ind	icate	which	mon [.]	ths ea	ıch pe	erson	was c	overe	d by l	MEC*	:
	Name of covered individual(s)	SSN or DOB	12 mos	Policy	Exemption Received	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Most individuals are required to have:

- ► Minimum Essential Coverage (*MEC), or
- ► an **Exemption** from the responsibility to have minimum essential coverage, or
- ► Make a **Shared Responsibility Payment.**

Minimum Essential Coverage includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

Exemptions may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions or www.healthcare.gov/exemptions. Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2017 is the **GREATER OF 2.5%** of the household income that is above the filing threshold for the filing status, or

the family's flat dollar amount for 2017 is \$695 per adult and \$347.50 per child, limited to a family maximum of \$2,085. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2017.

The national average bronze plan amount is \$272 per month and limited to \$1,360 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

	MEDICAL AND DENTAL EXPENSES	2017	2016
1	Prescription medications		
2	Health insurance premiums (enter Medicare B on ORG10)		
	Exclude premiums paid through an exchange (Form 1095-A)		
3	Qualified long-term care premiums		
	a Taxpayer's gross long-term care premiums		
	: Dependent's gross long-term care premiums		
	Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.		
5	Insurance reimbursement.		
6	Doctors, dentists, etc		
7	Hospitals, clinics, etc		
8	Lab and X-ray fees		
9	Expenses for qualified long-term care		
10	Eyeglasses and contact lenses		
11	Medical equipment and supplies		
12	Miles driven for medical purposes.		
13	Ambulance fees and other medical transportation costs		
14	Lodging		
15	Other medical and dental expenses:		
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	TAXES	2017	2016
Ente	er state and local income taxes on ORG7 , ORG8 , ORG10 , and ORG40 .		
16	Real estate taxes paid on principal residence		
17	Real estate taxes paid on additional homes or land		
18	Auto registration fees based on the value of the vehicle		
19	Other personal property taxes		
20	Other taxes:		