

PLEASE CIRCLE THE NUMBER THAT APPLIES TO YOU (FOR HEALTH INSURANCE)

1. **You Had Insurance**

If you had Insurance at any time in 2014, for example: Employer, Medicaid, Medicare, Indiana HIP, Tricare, and Individual Insurance Company etc.) Also from Marketplace (Obamacare)

Need First Names and months, who had insurance (including all your dependents):

_____	J	F	M	A	M	J	J	A	S	O	N	D	_____	J	F	M	A	M	J	J	A	S	O	N	D
_____	J	F	M	A	M	J	J	A	S	O	N	D	_____	J	F	M	A	M	J	J	A	S	O	N	D
_____	J	F	M	A	M	J	J	A	S	O	N	D	_____	J	F	M	A	M	J	J	A	S	O	N	D
_____	J	F	M	A	M	J	J	A	S	O	N	D	_____	J	F	M	A	M	J	J	A	S	O	N	D

Did you purchase Insurance from Marketplace (Obamacare), Yes Or No

If Yes, You will get a form 1095-A. We need this form to compete your return.

2. **No Insurance**

If you had No Insurance at any time in 2014.

Need First Names and months Not Insured (including all your dependents):

_____	J	F	M	A	M	J	J	A	S	O	N	D	_____	J	F	M	A	M	J	J	A	S	O	N	D
_____	J	F	M	A	M	J	J	A	S	O	N	D	_____	J	F	M	A	M	J	J	A	S	O	N	D
_____	J	F	M	A	M	J	J	A	S	O	N	D	_____	J	F	M	A	M	J	J	A	S	O	N	D
_____	J	F	M	A	M	J	J	A	S	O	N	D	_____	J	F	M	A	M	J	J	A	S	O	N	D

Also If you had no insurance, we need to know the ADJUSTED GROSS INCOME for any dependents (if they filed a return) that you will be claiming on your return.

Be sure and tell your children that file before you to be sure and get a copy of their return. You need their Adjusted Gross Income or copy of their return..

Name of the dependents

Adjusted Gross Income of depenents

3. **Exemption or Hardship**

If you filed for an Exemption or Hardship through Marketplace (Obamacare), and were approved, then you will get an Exemption Certificate Number, that we must have, to complete your return.

SIGN: _____

DATE: _____