

AFFORDABLE CARE ACT (ACA) COMPLIANCE STATEMENT

In March 2010 President Obama signed the Affordable Care Act (ACA). One provision of ACA required that all Americans must have qualified health insurance or face a "Shared Responsibility Payment" more commonly known as the Health Care Penalty. Please initial all statements that apply. Sign and date to affirm your health insurance coverage.

_____ 1) I/We have provided you with all copies of Forms 1095-A, 1095-B, and 1095-C that I/we received.

_____ 2) I/We purchased health insurance from the Marketplace. I/We understand that Form 1095-A is required before the return can be completed.

_____ 3) I/We did not receive Forms 1095-A, B or C because I/we have alternate government-provided qualified health care insurance from Medicare, Medicaid, or Tri-Care that covers all members of my/our household.

_____ 4) I/We have qualified employer-provided health insurance for the entire year for my/our entire household.

_____ 5) I/We have qualified health insurance that I/we purchased directly from an agent or insurance company for the entire year which covers my/our entire household.

_____ 6) I/We and the members of my/our household had qualified health insurance coverage for part of the year as follows:

Taxpayer/Dependent Name	Period of Coverage	Insurer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ 7) I/We am/are exempt from the requirement to be covered by a qualified health insurance plan for the following reason: _____

_____ 8) I/We do not have qualified health insurance coverage and none of the members of my/our household have qualified health insurance coverage.

In the absence of the completion of items 1-6 above, we will calculate the full penalty in the completion of your Federal Income Tax Return form 1040, 1040A or 1040EZ.

By my signature below, I certify that the information provided herein is true and accurate.

Taxpayer Signature	Date	Spouse Signature	Date
Printed Name		Printed Name	