

JK ASSOCIATES, LLC, TAX & CONSULTING

2018 Extended Health Care Insurance Worksheet

Coverage Worksheet – Place an X in the box for any month with NO coverage

Individual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Taxpayer												
Spouse												
Dependent 1												
Dependent 2												
Dependent 3												
Dependent 4												

Describe coverage for each individual in your tax household (include proof)

Individual	Type of Coverage	From (Exchange/employer/other)
Taxpayer		
Spouse		
Dependent 1		
Dependent 2		
Dependent 3		
Dependent 4		

We will calculate your Shared Responsibility Payment on your return. There may be exemptions available. Please check if any of the following apply:

<input type="checkbox"/> Religious conscience - member of a sect recognized by SSA	<input type="checkbox"/> Indian tribes
<input type="checkbox"/> Income below the income tax return filing requirement	<input type="checkbox"/> Incarceration
<input type="checkbox"/> Short coverage gap - without coverage for less than 3 months	<input type="checkbox"/> Health care sharing ministry
<input type="checkbox"/> Affordability - minimum premiums exceed 8% of your household income	<input type="checkbox"/> Persons living outside of United States
<input type="checkbox"/> Not lawfully present in the United States or non-resident alien	
<input type="checkbox"/> Hardship - must be approved by the Health Insurance Marketplace (generally for 30 days prior and 30 days following hardship event) Exemption Certificate Number: _____ (required) <ul style="list-style-type: none"> <input type="checkbox"/> Became homeless <input type="checkbox"/> Evicted in the past six months, or facing eviction or foreclosure <input type="checkbox"/> Received a shut-off notice from a utility company <input type="checkbox"/> Recently experienced domestic violence <input type="checkbox"/> Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property <input type="checkbox"/> Filed bankruptcy in the last six months <input type="checkbox"/> Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt <input type="checkbox"/> Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member 	

	YES	NO
Were you eligible for (even if you did not receive) Medicare, Medicaid or other state or local health insurance program?		
Were you eligible for (even if you did not receive) health care coverage through the taxpayer or spouse's employer?		
Do any dependents in your tax household have income?		

Signature: _____ Date: _____

Digitally Signed