

# Affordable Care Act Questionnaire

What (if any) health insurance did you or your dependents have in 2014?

(Attach a copy of your insurance card or bring it to your appointment)

1.  Medicare
2.  Medicaid (Badger Care)
3.  Private employer
4.  Private insurance
5.  Government Marketplace
6.  Other (Such as Veterans Affairs) \_\_\_\_\_

List all members of the family. For each member list the months (if any) he or she did not have health insurance (if a member had health insurance for one day during the month, he or she is treated as having insurance for the entire month)

Family member

Months not covered

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Did you receive a Form 1095? Yes  No  (If yes, attach a copy or bring it to your appointment)

If you have insurance from the Government Marketplace:

- a. How many children are your dependents? \_\_\_\_\_  
(Attach a copy of their tax return(s) if they filed or bring it to your appointment)
- b. How many children are dependents of another taxpayer? \_\_\_\_\_
- c. Did you receive a subsidy from the Marketplace that reduced the monthly premium for your insurance (also called an Advance Premium Tax Credit)?

Yes  No  If yes, what was the monthly subsidy? \_\_\_\_\_

## Notes for tax preparer

1. If you are confident that the taxpayer(s) and dependents of the taxpayer(s) have minimum essential health coverage for the entire year, you can check the "Full-year coverage" box on line 61 of Form 1040, line 11 on Form 1040EZ, or line 38 on Form 1040A and you do not need to calculate a shared responsibility payment. Document any evidence that the taxpayer(s) and dependents have insurance. (Note: if no one claims a child as a dependent, the taxpayer who could have claimed the child as a dependent must include the child in computing a shared responsibility payment.)
2. If a family member did not have health insurance for any month in 2014, you must file Form 8965 to compute the shared responsibility payment (if any) the taxpayer(s) must include on line 61 of Form 1040, line 11 of Form 1040EZ, or line 38 of Form 1040A.
3. If the taxpayer(s) have insurance from the Government Marketplace, complete Form 8962 to calculate the final Premium Tax Credit (if any) and to reconcile the Advance Premium Tax Credit (if any) with the final Premium Tax Credit.