

2014 HEALTH INSURANCE INFORMATION WORKSHEET

Please bring the following information to your tax appointment:

- 1) ANY Form 1095-A, Form 1095-B, or Form 1095-C you receive
- 2) Proof of insurance coverage and payment if you pay directly for your coverage

NOTE—MEDICARE COVERAGE: If you received Medicare coverage for the entire year, you are NOT required to complete this form.

NAME	HEALTH CARE COVERAGE (Yes/No)	HEALTH INSURANCE PROVIDER COMPANY	DATES OF COVERAGE
Taxpayer			
Spouse			
Dependent			
Dependent			
Dependent			
Dependent			

Detail any months during 2014 in which you did not maintain health insurance coverage for at least one day of the month: _____

Are you receiving any 2014 premium tax credits for marketplace health insurance coverage?

If so, what is your monthly premium tax credit? _____

NOTE: In order to prepare your 2014 individual income tax return, the IRS requires that we have detailed information regarding your 2014 individual and family health insurance coverage. Your assistance in completing the information above is greatly appreciated.