

Health Care Questionnaire

2017 Tax Year

Medical Insurance All Year - means you have medical insurance thru your employer, Medicare, Medicaid/medical card, or you pay an insurance company directly.


No Medical Insurance in 2017 - means your and/or your dependents did NOT have any medical insurance coverage at all during 2017.

Health Insurance Marketplace - means you enrolled thru ObamaCare's Health Insurance Marketplace and pay a premium for the medical coverage.

Medical Insurance Exemption - means you applied for and were granted full or partial exemption.

Insurance Part Year - means you had coverage from any of the above for part of the year. Please circle the months you or your dependents were NOT insured.

List ALL dependents on your 2017 tax return including yourself



Check Box below that applies

Medical Insurance ALL Year

No Medical Insurance in 2017

Health Insurance Marketplace

Medical Insurance Exemption

Insurance Part Year

Your Name				
Spouse (if any)				
Other dependent				
Other dependent				
Other dependent				
Other dependent				
Other dependent				
Other dependent				
Other dependent				
Other dependent				

or

or

or

or

or

or

or

or

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or

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or

Circle Any Months NOT insured in 2017

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
→	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
→	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
→	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
→	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
→	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
→	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
→	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
→	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
→	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

You certify that you have answered the above questionnaire truthfully and to the best of your ability for the purpose of preparing your tax return. You understand that if audited by the IRS, you may have to provide proof of insurance.

Taxpayer Signature

Date _____

Joint Taxpayer Signature

Date _____