

**Michael K. Shelby, CPA, LLC**  
**ACA Requirement to Have Health Insurance – 2015 Tax Year**

Beginning in 2014, all individual taxpayers are required to have “minimum essential” health insurance coverage for the year under the Affordable Care Act (ACA), also known as “Obamacare.” Failure to have the minimal essential coverage could subject a taxpayer to a “shared responsibility payment,” also commonly referred to as a “penalty” which is required to be calculated and reported on the individual’s federal income tax return.

Additionally, individuals who received their health insurance coverage through a federal or state sponsored healthcare exchange program in 2015 may be qualified for a premium tax credit if their income is below certain thresholds, based on family size. The credit is calculated on a form that must be filed with your tax return.

To help us determine your tax filing requirements, as required by the ACA, please provide the following information. Additional information or documents may be required, based on your response to the following questions:

1. Taxpayer, spouse and dependents (if any) ALL had minimum essential health insurance coverage in 2015:

I. For the ENTIRE YEAR (Circle YES or NO): YES NO

II. If not the entire year, provide # of months of coverage:

Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_ Dependents \_\_\_\_\_

III. Insurance was obtained through:

Employer (including former employer, i.e. Cobra, retirement, etc.)

Self/Spouse Individual through Insurance Company/Agent

Health Insurance Exchange

Other (Please list, i.e. Medicare, Medicaid, etc.): \_\_\_\_\_

1. I/we received an advanced tax premium credit related to our exchange-based coverage in 2015.

I. Circle YES or NO: YES NO

2. I/we received the following tax forms, which are enclosed with our other tax documents. (Check all that apply):

1095-A, *Health Insurance Marketplace Statement*

1095-B, *Health Coverage*

1095-C, *Employer-Provided Health Insurance Offer and Coverage*

The undersigned represent that this form has been completed accurately and agree to hold harmless Michael K. Shelby, CPA, LLC for any omission or inaccurate information related thereto. The undersigned further acknowledges that failure to provide complete and accurate information above may result in future IRS notices and additional tax, penalty and interest assessments.

SIGNED:

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date