# JK ASSOCIATES, LLC, TAX & CONSULTING

## 2017 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:

| | | | |
|---|---|---|---|
| | Religious conscience - member of a sect recognized by SSA | | Indian tribes |
| | Income below the income tax return filing requirement | | Incarceration |
| | Short coverage gap - without coverage for less than 3 months | | Health care sharing ministry |
| | Affordability -minimum premiums exceed 8% of your household income | | Persons living outside of United States |
| | Not lawfully present in the United States or non-resident alien | | |
| | Hardship - **must be approved** by the Health Insurance Marketplace (generally for 30 days prior and 30 days following hardship event) Exemption Certificate Number:______________ (required)<br>o Became homeless<br>o Evicted in the past six months, or facing eviction or foreclosure<br>o Received a shut-off notice from a utility company<br>o Recently experienced domestic violence<br>o Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property<br>o Filed bankruptcy in the last six months<br>o Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt<br>o 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:____________________