

Lang Accounting Services PLLC

Stacy Herman Lang, CPA

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stacy@langaccountingservices.com

This worksheet provides a way for you to organize your health care information under the Affordable Care Act. Whether or not an item is listed on this worksheet is not necessarily an indicator of whether or not an item is taxable or deductible. Tax regulations change often and specific circumstances may determine whether or not any item is relevant to your situation. This worksheet cannot substitute for tax knowledge or professional tax advice.

CLIENT: _____

Health Insurance

| | YES | NO |
|--|-----|----|
| Did you have health insurance for the entire tax year? | | |
| If no, please list all months you did have health insurance: | | |
| | | |
| Did your spouse, and any dependents have health insurance for the entire tax year? | | |
| If no, please list all months they did have health insurance: | | |
| | | |
| Did you and/or your spouse and dependents have health insurance coverage? | | |
| Employer (please provide Form 1095-B or 1095-C): | | |
| State marketplace (please provide Form 1095-A): | | |
| Medicare: | | |
| Other: | | |

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