ACA Requirement to Have Health Insurance

One provision of the Affordable Care Act, required that in 2014 all Americans must have qualified health insurance or face a "Shared Responsibility Payment", more commonly known as the Health Care Penalty. A lesser known amendment to the Act allowed insurance providers and large employers a one-year delay in reporting the coverage in 2014 to both the IRS and to the Taxpayer, because rules had not been established by the IRS to allow timely and correct reporting. Many taxpayers may still have delays in receiving their tax information for 2020. In order to remind you of the rules and to protect us both from future IRS liability in the event of an audit, we require all individual taxpayers for 2020 to positively affirm the following items related to Health Care.

***Please mark all options that pertain to you, fill out family member section below, and both Taxpayer & Spouse need to sign below.*

_____ We had NO Insurance in 2020.

_____ We had insurance only part of 2020.

_____ We had insurance all year. (_____One policy or _____Multiple policies)

_____ 1. We have provided you with all copies of Forms 1095-A, 1095-B, and 1095-C we received.

_____ 2. We had alternate government provided qualified health care insurance from Medicare, Medicaid, or Tri-Care that covers all members of our household.

_____ 3. We had qualified employer-provided health insurance for the entire year for our entire household. (List by name, those covered)

_____ 4. We had qualified other health insurance we purchased directly from an agent or insurance company for the entire year which covers our entire household. (List by name, those covered)

_____ 5. We bought insurance through the Marketplace or Shop program & received a premium credit.

Complete the following section for all members in your family. In the absence of the completion of this form (items 1-5 and below) and the absence of your providing us with information regarding an exemption from the requirement to provide health insurance, we will calculate the penalty and include it with your return.

Names of all Family Members	Period of Coverage	Insurer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing this form, you are giving us correct information regarding your health insurance for 2020. If you are giving incorrect information, we as your tax preparer, Scheibe Accounting LLP, will not be held liable for any fees or fines associated with your tax return.

_____ _____

Taxpayer Signature Date Spouse Signature Date

_____ _____

BY: (Print Names)