

**Paul D. Voytovich CPA**  
**Affordable Care Act**  
**Client Checklist - 2017 Tax Year**  
*(Return this form to us with your documents\*)*

If you had health insurance coverage for the entire year for each member of your household (that you can claim as a dependent) and you receive any of the following IRS documents (you may not receive until early February):

- Form 1095-A (Health Insurance Marketplace Statement)
- Form 1095-B (Health Coverage)
- Form 1095-C (Employer Provided Health Insurance Offer and Coverage)

**Please bring these documents to us, along with this form, and mark (✓) ONE of the following three questions:**

\_\_\_\_\_ I **DID** have health insurance coverage for myself, spouse, and each possible dependent claimed on my tax return during **every** month of 2017

\_\_\_\_\_ I had **NO** health insurance coverage for myself, spouse, and each possible dependent claimed for the entire year of 2017

**OR FOR ANY MEMBER OF HOUSEHOLD WHO HAD PART YEAR HEALTH COVERAGE**

\_\_\_\_\_ I had coverage for **PART OF THE YEAR** and **MUST** fill out the table below:

*Instructions: Please check the boxes below, month by month for each yourself, spouse, and each possible dependent who had coverage under an employer plan, a plan that was purchased on the exchange (healthcare.gov), or under a government-sponsored program (Medicare or Medicaid).*

Household Member	Full Year	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

By signing below I am stating that the above statements are true and complete:

✕

\_\_\_\_\_ TAXPAYER

\_\_\_\_\_ DATE

\* The IRS requires us to gather this information to complete your tax return.