

2016 Health Insurance

Did you and your family have health insurance for the calendar year 2016? Y / N

If not, when did the coverage begin? _____

Please let us know below if you and your dependents health insurance was through your workplace insurance provider, Healthcare Marketplace, or other, and name the provider.

Federal requirements state that insurance providers of all types must provide the covered individual a Form 1095. Please make sure that we are provided with these 1095s for each individual insured.

Taxpayer's Signature: _____ **Date:** _____

Spouse Signature (if filing jointly): _____ **Date:** _____