

**Health Insurance Questionnaire for 2017 Tax Return**

1. Did you have Health Insurance Coverage for yourself and all your dependents (those who will be reported on your 2017 tax return) for all 12 months of 2017? YES \_\_\_\_\_ NO \_\_\_\_\_

(For our purposes, Health Insurance Coverage includes all government sponsored programs such as Medicare, Medicaid, Children's Health Insurance Program (CHIP), Tricare, VA, etc)

**If you answered YES above, STOP HERE and sign at the bottom.** Please be sure to provide a copy of any Form 1095-A, B, or C that you received.

**If you answered NO above, continue on to Question 2.**

2. Did you or any of your dependents have health insurance for any part of 2017? YES \_\_\_\_ NO \_\_\_\_

If YES, list the months DID YOU NOT have coverage:

Taxpayer: \_\_\_\_\_

Spouse: \_\_\_\_\_

Dependents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Taxpayer Statement:** I declare that all of the above information is true and correct and should be used in completing my 2017 tax return. I further understand that any false statement by me and/or my spouse is considered fraud and is punishable under the laws of the United States Government.

\_\_\_\_\_  
Signature (Taxpayer)                      Date

\_\_\_\_\_  
Signature (Spouse)                      Date

\_\_\_\_\_  
Printed Name (Taxpayer)

\_\_\_\_\_  
Printed Name (Spouse)