

Were you and your family covered by Health Insurance for at least 9 months last year? Yes / No

If you received a 1095-B or 1095-C from your Insurance Company or Employer, please bring it in.

Did you receive your insurance through an exchange? (Covered CA in California) Yes / No
Bring in your 1095-A from the marketplace.

If you received insurance through the exchange and got married this year, please bring a pay stub indicating how much each of you were paid up until you were married.

Do you have any dependents that are filing a tax return? Yes / No
 If you received premium assistance were you married/divorced during the year? Yes / No
 Is someone else paying for the insurance for any of your dependents? Yes / No

If you were not insured, do any of the following apply?

Did your employer offer health insurance? Yes / No
 Did you live outside of the United States for over 330 days? Yes / No
 Did you receive an exemption from coverage? Yes / No
 Was there a hardship that prevented you from obtaining insurance? Yes / No
 Were you incarcerated at any time during the year? Yes / No

Months Without Health Insurance: (mark X for any that apply)

	January	February	March	April	May	June
Taxpayer						
Spouse						
Dependent						
Dependent						
Dependent						
Dependent						

	July	August	September	October	November	December
Taxpayer						
Spouse						
Dependent						
Dependent						
Dependent						
Dependent						

Signature

Date

Should you need to contact us, please feel free to either call or email our office.
 Yours truly,

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