

Affordable Care Act Client Checklist

If you receive any of the following IRS documents and had coverage for the entire year for each member of the household:

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

Please attach the document and do not complete the table below.

Indicate by checking the box for full year or for each covered month whether the individual had coverage under an employer plan, a plan that was purchased in the individual market, or under a government-sponsored program.

Name of taxpayer,
spouse and anyone in
your household that you
claim as a dependent on
your tax return.

	Full yr.	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<i>Insert Name Here</i>													