

***** REQUIRED! THIS PAGE MUST BE COMPLETED AND SIGNED. *****

ACA – Health Coverage Taxes and Exemptions

**** IMPORTANT – IF YOU RECEIVED FORM 1095-A, 1095-B and/or 1095-C, WE MUST RECEIVE A COPY ****

“Your family” for health care coverage refers to you, your spouse if filing jointly, and anyone you will claim as a dependent on your tax return.

Check this box if your entire family was covered for all 12 months of 2018 with at least minimum essential coverage.

Check this box if your entire family was NOT covered for the full year with minimum essential health care coverage.

Notes/Questions:

Direct Deposit Information

New IRS rules require annual verification of your direct deposit bank account information.

If you would like to have a refund directly deposited into your bank account, please fill in the following information, *even if this is the same account you have used in the past.*

Note: The account information used last year appears on page 3 of your Organizer, if applicable.

Name of financial institution _____

Financial institution routing transit number _____

Your account number _____

Type of account (check one): (1) Savings _____ (2) Checking _____

If married filing jointly, is this a joint account (both taxpayer and spouse names are on the account)? Yes _____ No _____

Is this a foreign based financial institution (not located in the territorial jurisdiction of the United States)? Yes _____ No _____

Enter the maximum dollar amount, or percentage of total refund: Dollar _____ or Percent (xxx.xx) _____

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

Please print name below signature: