

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 2016 with minimum essential coverage.
- ** Check this box if your entire family was NOT covered for the full year with minimum essential health care coverage.

Taxpayer’s Signature: _____ Date: _____
Please print name below signature:

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 direct deposited into your bank account, please enter information in the fields below (even if this is the same account you have used in the past):

Name of financial institution _____

Financial institution routing transit number _____

Your account number _____

Type of account (check one): (1) Savings _____ (2) Checking _____ (3) IRA* _____

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) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.