CHURCHWELL
TAX & BUSINESS SERVICES

REQUIRED FORM
This form is required for ALL clients

Affordable Care Act ("ObamaCare") Worksheet

Beginning in 2020, California imposes a penalty on taxpayers who do not have health insurance, similar to that imposed by the Federal Government in previous years.

At the federal level, the penalty for not having health insurance has been eliminated for 2019 and beyond. You still need to report if you received health insurance through Covered California, or a similar State Insurance Exchange.

As a result of the Affordable Care Act (ACA), most Americans are required to have health insurance, and report an explanation of coverage on their income tax returns. This requirement added several new forms to most tax returns, and may increase the amount of time required to prepare those returns.

The Affordable Care Act forms you may receive:

If you had health insurance through a State Exchange you must provide us Form 1095A and/or CA Form 3895. We cannot file your tax return without this form.

Form 1095-A & CA Form 3895
Health Insurance Marketplace Statement

If you or a dependent were covered by a health insurance policy purchased on a Federal or State marketplace/exchange, you will be sent form 1095-A and/or CA form 3895 as evidence of coverage.

Forms 1095-B and 1095-C
Health Coverage / Employer-Provided Health Insurance Offer and Coverage

You will receive one of these forms if you or a dependent were covered under a health insurance policy provided by your employer, or purchased directly or through an insurance agent.

Worksheet Directions

Please provide information about the health insurance coverage for Taxpayer, Spouse, and any Dependents. In the chart below, enter the appropriate letter for each individual. If coverage was the same for all 12 months of the year, enter the appropriate letter only in the "All 12 Mo" column. Otherwise, indicate coverage for each month separately.

Type of Coverage	Letter to Enter in Chart	Type of Coverage	Letter to Enter in Chart
None	N	Medicare	M
Employer/Company	C	Marketplace/Exchange	E
Direct Purchase	D	Exempt*	X
Deceased	--	*Attach an explanation of why you are exempt.	

	All 12 Mo	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Taxpayer													
Spouse													
DEPENDENTS (Name)													
1													
2													
3													
4													