

# 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.

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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	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<i>Insert Name Here</i>													