

- Prior Client
 New Client

Year _____

CHECKLIST

Income Tax Data

This Checklist Will Serve as a Guide in
Assembling Your Tax Data and Help You

to Take Advantage of All Allowable Deductions. Round off All Figures to the Nearest Even Dollar.

Taxpayer				Spouse (if joint)			
Last Name				Last Name			
First Name and Initial			Presidential Campaign? <input type="checkbox"/> Yes <input type="checkbox"/> No	First Name and Initial			Presidential Campaign? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation		Blind?		Occupation		Blind?	
Social Security Number		Birth Date		Social Security Number		Birth Date	
Driver's License Number		Date of Issue	Date of Expire	Driver's License Number		Date of Issue	Date of Expire
Indiana Only	County of Residence (Jan. 1)			Indiana Only	County of Residence (Jan. 1)		

Address on Tax Return				Shipping Address (leave blank if the same)			
Street Address or P.O. Box							
City		State	Zip	City		State	Zip

Miscellaneous Information		
County of Residence (as of 12/31)	Township or City (as of 12/31)	School District Name (as of 12/31)

Contact Information		
Home Phone	Business Phone	Cell Phone
Fax	E-Mail	Best Time to Reach

Payment Information

CHECK HOW YOU WANT TO PAY:

- Charge My Bank Card
 Send Invoice, Hold Returns Until You Receive Payment

<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Credit <input type="checkbox"/> Debit	Expiration Month Year	V-Code																						
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Charge this order to my Charge Account as I have indicated to be paid according to the current terms of that Account.

Signature _____
 (Authorized credit card signature)

WORTH FINANCIAL SERVICE

www.worthfinancial.com

	LOCATION:	MAIL TO:	PHONE:
Home Office Warsaw / Winona Lake, IN bjworth1040@gmail.com	Just East of Bob Evans 3201 E. Center St. Warsaw, IN 46582	P.O. Box 242 Winona Lake, IN 46590	574●269●2121 888●483●7350 Fax 574●269●4321 Fax

Dependents • Must have Social Security Number, ATIN, or ITIN

First, Initial, Last	Date of Birth	Social Security #	Relationship	Months in Home	Full-Time Student*
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

* If dependent is 19 or over, check box if full-time student for at least 5 months of calendar year. See page 5 to list education expenses for either Hope Credit or Lifetime Learning Credit.

Estimated Tax Paid • Send copies of canceled checks

		Federal	State	Local
Name of State\Local				
Prior Year Credit				
1 st Quarter	Amount			
	Date Paid			
2 nd Quarter	Amount			
	Date Paid			
3 rd Quarter	Amount			
	Date Paid			
4 th Quarter	Amount			
	Date Paid			
Extension	Amount			
	Date Paid			

Wages from W-2 • Enclose all copies of W-2 statements. If clergy, send a copy of payroll sheet.

H/W	Employer	Wage	Fed Tax	FICA	Medicare	State	Local

IRA Distributions Received • Enclose all statements - 1099R & 5498

H/W	Source & Type	Fed Tax	Amount	Value of Acc't (12/31)

- Yes No
- Were proceeds used for expenses as a first-time home buyer? (Did not own home for two years preceding purchase)
- Were proceeds used to pay for higher education costs? (If yes, list on page 5)

Pension & Annuity Income Received • Enclose all statements - 1099R

H/W	Source & Type	Fed Tax	Gross Amount	Taxable Amount

Itemized Deductions - Miscellaneous Deductions - Ministers - unreimbursed expenses - use page 7

Tax Preparation & Job Related Expenses (Teachers, see next section; Ministers, use page 7)					
H/W	Type of Expense	Amount	H/W	Type of Expense	Amount
	Tax Preparation			Uniforms	
	Accounting Books			Cleaning of Uniforms	
	Union Dues			Small Tools	
	Professional Fees			Equipment	
	Professional Publications			Business Telephone	
	Supplies for Job			Employment Agency Fee	
	Safety Equipment			Other	
	Safety Clothing				
	Special Shoes/Nylons				
Teaching Expenses					
	Supplies			Other	
	Books				
Job Hunting Expenses					
	Meals			Postage, Typing	
	Lodging			Toll Calls	
	Airfare, Auto Rental			Other	
	Auto Travel (miles)				
Investment Expenses					
	Publications			Escrow Fees	
	Broker Fees			Other	
	Safe Deposit Box				
Miles Between Two Jobs					
Number of days worked 2 jobs in same day			Number of miles between the two jobs sites		

Casualty or Theft

Description of Property	Date Acquired	Date of Casualty or Theft	Cost	FMV Before	FMV After	Insurance Reimbursement

Education Expenses • AOC Credit, Lifetime Learning Credit or Job-Related Expenses

First Name of student - Husband, Wife, or dependent				
Name of School (AOC, Lifetime)				
Date(s) Tuition Paid (AOC, Lifetime)				
Type of Education - College, Vocational, Job Related, etc				
Was student enrolled at least half-time for at least one academic period in a	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Was student in first or second year of post-secondary education? (AOC, Lifetime)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scholarships, Grants or Amount Reimbursed by Employer				
Tuition & Fees (AOC, Lifetime, Job-related)				
Books (AOC & Lifetime - only if condition of enrollment)				
Supplies (AOC & Lifetime - only if condition of enrollment)				

Job Related Education Expenses

Auto Miles (list details under "Auto Expense", page 7)				
Lodging / Room & Board				
Meals while away from home overnight				
Were you employed while incurring expense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had you already met minimum requirements of your job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did course(s) improve job skills or required by employer or by law to keep	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the course(s) lead to a new profession or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Clergy Information • Please provide copy of payroll sheet and/or breakdown of your compensation package.

Position _____ Ordained, Licensed, or equivalent (circle one)

Yes No

- Are you exempt from paying Social Security? (If yes, send copy of approved Form 4361)
- Have you adequately accounted to your employer and been reimbursed for your professional expenses? (If no, show details on next page)
- To the best of your knowledge is your W-2 prepared correctly? If no, what is incorrect?

Did you receive any gifts, bonuses, and allowances (other than parsonage allowance) from your employer that was not included as taxable on your W-2? If yes, what?

Amount? _____

\$ _____ Parsonage Allowance officially designated in advance?

\$ _____ If more than one employer during the year, amount designated with second employer?

\$ _____ Amount you receive each payday? How often are you paid? _____

\$ _____ Amount you receive monthly?

Parsonage Information • Parsonage allowance exclusion can apply to only one home at a time, the one that is your personal residence. During a transition or move, you may have incurred parsonage expenses for two homes. Separate the expenses below.

	Home #1	Home #2	Home #3
If employer provided parsonage, what is its rental value?			
If you own, what is current fair market value of home?			
Date occupied	/ /	/ /	/ /
Location (city & state)			
Type of Expenses Paid by You	Amount	Amount	Amount
Rent Paid			
Principal Payments			
Taxes			
Interest			
Insurance			
Repairs and Upkeep			
Furniture / Appliances			
Decorator Items			
Utilities			
Miscellaneous Supplies and Expenses			
TOTALS			

Moving Expenses • Qualified moving expenses include only the cost of moving household goods and personal effects as well as yourself and your family. Any amounts reimbursed for meals, house hunting, temporary living expenses, purchasing or selling home, etc. do not qualify and should be included as taxable on Form W-2.

Amount Reimbursed or Paid Directly by Employer \$ _____

Yes No

- Was any of the amount reimbursed for nonqualifying moving expenses? If yes, how much? \$ _____
- Was any or all of the reimbursement included on Form W-2, box 1? If yes, how much? \$ _____

_____ Distance between former residence and new job? Date of Departure? ____/____/____

_____ Distance between former residence and former job? Date of Arrival? ____/____/____

Expenses		Amount
Cost of moving furniture and personal effects		
Transportation of family:	Auto Travel - total miles	miles
	Fares (air, bus, train, etc.)	
	Cost of Lodging En route	

Auto Expenses

Amount Reimbursed \$ _____

- If multiple business use for same auto, list mileage for each use in separate column.
- If new client, send complete history of business use of auto. Send copies of invoice and complete details of purchase and/or trade for each business auto. Even if you have always used standard mileage rate, you may have a taxable gain or deductible loss on the sale of a business auto that must be reported. If leasing, give beginning value.

Auto Information	Auto #1	Auto #2	Auto #3	Auto #4	Auto #5	Auto #6
Year						
Make						
Date of Purchase						
Purchase Price (plus sales tax)						
Odometer at Purchase						
Type of Use (Clergy, Sch C, etc.)						
Odometer at Beginning of Year						
Odometer at End of Year						
Total Miles for the Year						
Total Business Miles for Year						
Daily Round Trip Commuting Miles						
Commuting Miles for the Year						
Auto Lease Payments						
Garage Rent						
Gas, Oil, Lube						
Repairs						
Tires & Battery						
Insurance & Auto Club						
Miscellaneous						
Washing & Polishing						
License (Registration Only)						
Interest						
Personal Property Tax						
Other						

- Yes No**
- Do you (or your spouse) have another vehicle available for personal use?
- Was the vehicle available for personal use during off-duty hours?
- Do you have written evidence to support your deduction?
- If "Yes", is the evidence written?
- Was the vehicle used primarily by a more than 5% owner or related person? (Sch C, E, F, only)

Travel & Professional Expenses

Amount Reimbursed \$ _____

Local Travel		Travel - While Away from Home Overnight		Professional Expenses	
Expense	Amount	Expense	Amount	Expense	Amount
Parking		Auto Rental / taxi / etc.		Education expenses	
Tolls		Fares (air / train / bus)		Office Supplies & Postage	
Fares		Parking & Tolls		Religious Materials	
Meals & Entertainment		Laundry & Cleaning		Seminars & Dues	
Meals/Away Overnight		Lodging		Subscriptions & Paperbacks	
# Days Away Overnight		Telephone, Postage, Fax		Business Telephone	
Entertainment, Meals		Tips (Other than meals)		Gifts	
Entertainment, Other		Other		Other	
Tips for Meals					
Equipment & Library					
Date	Description	Amount	Date	Description	Amount

Business Income & Expense: Schedule C

Principle Activity /Product or Service _____

H/W/J (If single leave blank) _____ Business Name & Address _____

Accounting Method: _____ Employer Identification Number (9 digits) _ _ - _ _ _ _ _ _ _ _

Cash Accrual Other

Inventory Method: Cost Lower Cost or Market Other

If Other _____

If Other _____

Yes No

- Did you "materially participate" in the operation of the business?
- Did you start or acquire the business this year?
- Did you make any payments this year that would require you to file Form(s) 1099?
- Were you a statutory employee with income reported on Form W-2?

Receipts

Honorariums		Sales of Merchandise		Other:	
Services		Amount of CC Sales		Beginning Acc't. Receivable	
Commissions		Child Care		Ending Acc't. Receivable	

Cost of Goods Sold

Beginning Inventory		Cost of Labor			
Purchases		Materials & Supplies			
Less Personal Use		Freight / Receiving		Beginning Acc't Payable	
Ending Inventory		Other:		Ending Accounts Payable	

Expenses ("Auto & Truck Exp." - Show details on page 7)

Accounting		Outside Services		Travel	
Advertising		Parking & Tolls		Meals & Entertainment	
Bad Debts from Sales		Pension Plans		Uniforms	
Bank Service Charges		Postage		Utilities	
Auto & Truck Exp		Printing		Wages	
Commissions		Rent: Machinery & Equip.		Miscellaneous:	
Contract Labor		Rent: Other Business Prop			
Delivery & Freight		Repairs			
Dues & Subscriptions		Security			
Employee Benefits		Supplies			
Insurance		Taxes: Real Estate			
Interest: Mortgage		Taxes: Personal Property			
Interest: Other		Taxes: Sales			
Janitorial		Taxes: FICA & Medicare			
Laundry & Cleaning		Taxes: Unemployment			
Legal & Professional		Telephone			
Office Expense		Tools			

Business-In-Home (Enter Cost of Home, Land Value, & Improvements in "Depreciation" Below)

Total Square Feet in Home		Rent		Heat & Light	
Sq. Feet Used for Business		Interest		Repairs (Entire House)	
# of Hours (Child Care Only)		Taxes		Repairs (Business Portion)	
# of Months of Bus. Activity		Insurance		Other	

Depreciation of Buildings & Equipment

(Send Depreciation Schedule for Prior Owned Items from Previous Year's Return)

Date Placed in Service	Description	Amount	Date Placed in Service	Description	Amount

Sale of Property, Stock: Schedule D

H/W/J	Description	# of Shares	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Expense of Sale

Installment Sale

- If contract began this year, send copies of contract, amortization schedule (list principal and interest), original purchase closing statement, cost of all improvements.
- Enter Interest on page 3, "Seller-Financed Mortgage".

Description	Date Acquired	Date Sold	Gross Profit Percentage	Principal Received This Year	Principal Received Prior Years

Sale of Personal Residence

- Send copies of closing statement for purchase and sale of home.
- If home was used as main home for 2 out of the last 5 years and gain on its sale is less than \$250,000 (\$500,000 jointly owned), the sale is not required to be reported on your federal return unless there was depreciation taken on home for business usage.

Date Purchased Home ___ / ___ / ___ Date Sold Home ___ / ___ / ___

Yes No

- Did you own and use property as your main home for a total of at least 2 years of the 5-year period before the sale?
- If no, did you sell the home because of a change in health or a change in employment?

If yes, enter dates that you did use as main home: From ___ / ___ / ___ To ___ / ___ / ___

Description	Amount	Description	Amount
Original Cost		Sales Price	
Purchase Expenses		Expense of Sale	
Improvements:		Casualty Losses Previously Allowed	
		Depreciation for Previous Business Use	

Child and Dependent Care

Employer-Provided Dependent Care Benefits \$ _____

- You are required to file Sch H if amounts paid to any person working in your home is \$1,300 or more in a calendar year.

Persons or Organizations Providing the Care (Nursery & Kindergarten school expenses may qualify).

Name	Address	SSN or EIN	Amount

Qualifying Person(s) for Whom Expenses Were Paid (The total of the "Amount" column above and below should equal)

Name of Dependent	Age	Relationship	Social Security #	Amount

Farm Income & Expense: Schedule F

Location and Size of Farm _____

Principal Product _____

Employer Identification Number (9 digits) ___ - _____ Accounting Method: Cash Accrual

Yes No Did you "materially participate" in the operation of this business during the year?

Yes No Did you make any payments during the year that would require you to file Form(s) 1099?

Income • (Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report them in "Sales ..." section below.)

Sales of Livestock for Resale		Crop Insurance Proceeds	
Cost of Livestock for Resale	()	Disaster Relief Payments	
Sales of Other Items for Resale		Custom Hire	
Cost of Other Items for Resale	()	Federal Fuel Tax Credit	
Sales of Livestock You Raised		State Fuel Tax Credit	
Sales of Produce, Grain, Other You Raised		Other	
Patronage Dividends			
Agricultural Program Payments			
CCC Loans Reported Under Election			
CCC Loans Forfeited			

Expenses ("Car & Truck Exp." - Show details on page 7)

Car & Truck Exp		Interest: Mortgage		Taxes: FICA & Unemployment	
Chemicals		Interest: Other		Utilities	
Conservation Exp		Labor Hired		Veterinary/Breeding/Medicine	
Custom Hire		Pension & Profit Sharing		Telephone	
Employee Benefit Programs		Rent: Vehicles/Machinery/Equip		Advertising/Accounting	
Feed Purchased		Rent: Other (Land, Animals, Etc)		Dues/Subscriptions	
Fertilizers & Lime		Repairs & Maintenance		Travel	
Freight & Trucking		Seeds & Plants Purchased		Meals & Entertainment	
Gasoline		Storage & Warehousing		Other	
# Gallons of Gas (Off Road)		Supplies			
Other Fuel & Oil		Taxes: Real Estate			
Insurance		Taxes: Personal Property			

Sales of Buildings, Machinery, Equipment, & Livestock Held for Draft, Breeding, Sport, or Dairy Purposes

Description	Date Acquired	Date Sold	Sales Price	Cost	Depreciation Claimed	Expense of Sale

Depreciation of Buildings, Machinery, Equipment, & Livestock Held for Draft, Breeding, Sport, or Dairy

(Send Depreciation Schedule for Prior Owned Items from Previous Year's Return)

Date Placed in Service	Description	Amount	Date Placed in Service	Description	Amount

Retirement Contributions to IRAs, Self-Employed Plans, & Salary Reduction Plans

Type of Plan	TAXPAYER		Type of Plan	TAXPAYER	SPOUSE
	Amount	SPOUSE Amount		Amount	Amount
Traditional IRA			Active Participant In Employer Provided Retirement Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roth IRA			401(k) Employee Contributions		
Self-Employed SEP			403(b) Employee Contributions		
Keough			SEP Employee Contributions		
Self-Employed SIMPLE			SIMPLE Employee Contributions		
Education IRA			Other Salary Reduction Contr.		

Health Savings Accounts (HSAs)

Type of coverage under high deductible health plan? Self-Only Family
 If applicable, spouse's type of coverage under high deductible health plan? Self-Only Family

Contributions	Amount	Distributions	Amount
Deductible Amount of Health Insurance		Total Distributions from HSA	
Employer Contributions to HSA for Year		Rollover Distributions	
Employee Contributions to HSA for Year		Total Distributions from Medicare+Choice MSA	
Number of Full Months Plan was in Place for Year		Total Unreimbursed Qualified Medical Expenses	

Alimony Paid • Bring Copy of Divorce Decree

To whom _____ Social Security Number _____ Amount \$ _____

Reside in Foreign Country During the Year?

Name of Country _____ Date entered ____ / ____ / ____ Date Left ____ / ____ / ____

Yes No

- Do you consider yourself a bonafide resident of this country?
- If no, were you (or do you anticipate being) physically present in this country for at least 330 days during a 365 day period?

Part-Year State Breakdown

• If you resided in more than one state during the year, breakdown income associated with each state.

Interest, dividends, capital gain distributions, alimony, IRA & pension distributions are normally taxable to the state of residence when received.

Name of State	#1	#2		State #1	State #2
	From:	From:	Sch C Income		
Dates Resided	To:	To:	Sch C Expense		
Wages			IRA Distributions		
Interest			Pension Distr.		
Dividends			Sch E Income		
Cap Gain Dist			Sch E Expense		
Alimony			Other		

Questions, if yes explain below

Yes No

- Any births, adoptions, marriages, divorce or deaths in your family during the past year?
- Does anyone owe you money that has become a bad debt?
- Have you used bartering to exchange any goods and services?
- Did you or your spouse receive any source of income that is not listed in this checklist?
- Did you sell an auto, equipment, or any property? If yes, give details.
- Did you receive any nontaxable income such as child support, veteran's benefits, or welfare payments?

Taxpayer's Statement

The Information furnished herewith is to enable you to prepare my (our) income tax return for the stated year.

It is true and complete to the best of my (our) knowledge and belief, and is to be relied upon by you accordingly.

Signature _____ Date _____

Signature _____ Date _____

Affordable Care Act - Health Insurance Questionnaire

Yes **No**

1. Did you have Health Insurance for yourself and all your dependents for all 12 months?
 If you answered **NO** skip to question #5

2. If **you checked YES** for question #1

- Was your insurance provided by your employer?
- Were you covered by Medicare or Medicaid?
- Did you purchase your health Insurance directly from an Insurance Agent?
- Did you purchase your Health Insurance through Healthcare.gov or a market place?
- 3. Did you receive Form 1095 from your Employer, your insurance company or Health Human Services?
- 4. Did you receive any Health Care Premium Credits to assist in monthly payment for health insurance?

If so how much did you receive each month? \$ _____

5. If you checked **NO** for question # 1

For each household person - check the box for each month they **did not have** coverage or qualify for an exemption:

Taxpayer.....	<input type="checkbox"/> All Year	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
Name _____													
Spouse.....	<input type="checkbox"/> All Year	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
Name _____													
Dependent	<input type="checkbox"/> All Year	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
Name _____													
Dependent.....	<input type="checkbox"/> All Year	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
Name _____													
Dependent.....	<input type="checkbox"/> All Year	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
Name _____													
Dependent.....	<input type="checkbox"/> All Year	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
Name _____													

6. Do you meet any of the following criteria for **exemption** from the Individual Shared Responsibility Penalty? **(Check all that apply)**

- Religious conscience. Religious Order members who have filed Form 4029. You are a member of a religious sect that is recognized as conscientiously opposed to accepting any insurance benefits. The Social Security Administration administers the process for recognizing these sects according to the criteria in the law.
- Health care sharing ministry.** You are a member of a recognized health care sharing ministry. Such as The Christian Care Ministry (www.mychristiancare.org), Samaritan Ministries (www.samaritanministries.org), Christian Health Care Ministries (www.chministries.org).
- Indian tribes. You are a member of a federally recognized Indian tribe.
- No filing requirement. Your income is below the minimum threshold for filing a tax return. The requirement to file a federal tax return depends on your filing status, age and types and amounts of income.
- Short coverage gap. You went without coverage for less than **three consecutive months** during the year.
- Unaffordable coverage options. You can't afford coverage because the minimum amount you must pay for the premiums is more than 8% of your household income.
- Incarceration. You are in a jail, prison, or similar penal institution or correctional facility after the disposition of charges against you.
- Not lawfully present. You are not a U.S. citizen, a U.S. national or an alien lawfully present in the U.S.
- Hardship. If individuals have certain circumstances that affect their ability to purchase health insurance coverage, they may qualify for a hardship exemption. If a taxpayer qualifies for an HHS exemption, he or she **must apply for an exemption number on:**

<https://www.healthcare.gov/fees-exemption/>

The exemption number must be reported on Form 8965.

7. If you qualify for Hardship Exemption **(Check all that apply)**

- homeless;
- evicted in past 6 months - or you were facing eviction or foreclosure;
- received shut-off notice from a utility company, anytime during the year;
- recently experienced domestic violence (spouse, son, daughter, family, or neighbor);
- death of close family member;
- experienced fire, flood, or other natural or human-caused disaster that caused substantial damage to your property
- filed for bankruptcy in last 6 months of the year;
- unable to pay medical expenses in last 24 months;
- unexpected increase in necessary expenses due to caring for ill, disabled, or aging family member;
- dependent child denied coverage in Medicaid and CHIP;
- eligible appeals decision;
- ineligible for Medicaid because your state didn't expand eligibility for Medicaid under the Affordable Care Act;
- current health insurance plan cancelled;
- any other hardship in obtaining health insurance.

TAXPAYER'S STATEMENT

Under penalties of perjury, I declare that all the above information is true and correct and should be used in completing my tax return. I further understand that any false statement by me and/or my spouse is considered fraud and is punishable under the laws of the United States Government.

Taxpayer: _____

Date _____

Spouse: _____

Date _____