Fortunate Fields, Inc
Professional Tax & Business Services

2016 Affordable Care Act Questionnaire

Questions on this questionnaire? Please call **(619) 220-0375** and we'll be happy to help. Thanks!

Printed Name, Taxpayer 1: ___________________________________

Printed Name, Taxpayer 2: ___________________________________
(*Note: for this purpose a Registered Domestic Partner is a single individual, not a spouse*.)

PLEASE NOTE: ***We can't complete your income tax return without this information***.

PLEASE NOTE: ***Please bring all Form 1095-A, Form 1095-B, Form 1095-C you've received.***

PART 1:

*Please list **all** members of your household for tax purposes (you, spouse, all dependents)*

Taxpayer: _____________________________ Spouse: _____________________________

Dependent 1: _________________________ Dependent 2: _________________________

Dependent 3: _________________________ Dependent 4: _________________________

Please list any/all other dependents at the top of this sheet or in the margins.

PART 2:

Did **<u>everybody</u>** listed above have "minimum essential health insurance" coverage for **<u>ALL</u>** of 2016?

Please circle one: **YES** **NO** (*If 'Yes," please skip to the signature area*)

If you answered "No" above, please identify (circle) below the months for which there was coverage in place for ***at least one day*** during the month:

Taxpayer	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Spouse	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Dependent 1	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Dependent 2	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Dependent 3	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Dependent 4	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

To the best of my knowledge, the foregoing is true, correct, and complete. (Please sign below)

Taxpayer: _____________________________ Spouse: _____________________________