

# Individual Affordable Care Act Checklist

Name:		Year		
		Yes	No	N/A or Comments
1	Did you or anyone in your family receive Form 1095-A, 1095-B, or 1095-C? If yes, skip to question 2.			
a	If not, did you maintain health insurance at any point in the year?			
b	Is there evidence to support that the insurance is minimum essential coverage?			
c	Do you have any of the following:			
i	Insurance card			
ii	Insurance contract			
iii	The taxpayer's statement			
d	If there is no evidence of coverage, do you believe your statement to be accurate, consistent and complete?			
2	Do you claim dependents? If no, go to question 3.			
a	If yes, were your dependents covered by health insurance at any point in the year?			
b	Is there evidence to support that the insurance is minimum essential coverage?			
c	Do you have any of the following:			
i	Insurance card			
ii	Insurance contract			
iii	The taxpayer's statement			
d	If there is no evidence of coverage, do you believe your statement to be accurate, consistent and complete?			
3	Were there any gaps or lack of coverage in the year for you or any dependents? If no, go to question 4.			
a	If yes, was there more than one gap?			
b	Was any gap less than 3 months? If yes, the gap can exempt you from any ACA related penalties.			
4	Are you required to file a tax return? If no, skip question 5. You are exempt.			
5	If you had gaps that do not meet the short coverage exception, please discuss the circumstances with your tax preparer. Do any of the following apply?			
a	Part of a recognized religious sect?			
b	Part of a health care sharing ministry?			
c	Not lawfully present in the U.S.?			
d	Incarcerated?			
e	A member of an Indian Tribe?			
f	Could not afford coverage?			
g	Qualifies for a hardship exemption?			
1	Do you have the exemption certificate number (ECN)? Tax returns without ECNs are rejected.			

(continued)		Yes	No	N/A or Comments
6	Do you have evidence of any exemption? If you had minimum essential coverage the entire year, answer "N/A".			

Premium Tax Credit (PTC)		Yes	No	N/A or Comments
1	Are you:			
	a Married filing separate?			
	b Incarcerated?			
	c Not lawfully present in the U.S.?			
	d Eligible to be claimed as a dependent?			
Any "yes" answer generally makes you ineligible for the PTC.				
2	Is your household income at least 100% but no more than 400% of the federal poverty level (FPL)(See following page for chart)? If no, skip to question 6. You do not qualify for the PTC. However, discuss exceptions with your tax preparer. If yes, go to question 3.			
3	Are you eligible for any state or local health benefit program, such as Medicare or Medicaid? If yes, skip the rest of this section, you do not qualify for the PTC. If no, go to question 4.			
4	Did you purchase health insurance on the exchange? If no, you do not qualify for a PTC, skip the rest of this section. If yes, go to question 5.			
5	Were you eligible for health care coverage through your or your spouse's employer? If no, go to question 6.			
	a If yes, did you enroll?			
	b If you did not enroll, did the plan offer minimum value and was affordable? If yes, you do not qualify for a PTC.			
6	Did you receive an advanced PTC (APTC)?			
7	Did you receive Form 1095-A?			
8	Is there more than one tax family sharing the credit? Examples include adult nondependent children and new divorce or marriage situations.			
9	Are you covered under a policy from the exchange in which someone else holds the policy?			
	a If yes, do you claim him/herself?			
If both answers are yes, the taxpayer who holds the policy, should receive Form 1095-A.				

## 2014 Federal Poverty Levels Based on Number of family members

FPL Range Limit	1	2	3	4	5	6	7	8	Each Additional Family Member
100 %	\$11,490	\$15,856	\$19,530	\$23,550	\$27,570	\$31,590	\$35,610	\$39,630	\$4,020
138 %	\$15,856	\$21,881	\$26,951	\$32,498	\$38,046	\$43,594	\$49,141	\$54,689	\$5,547
150 %	\$17,235	\$23,784	\$29,295	\$35,325	\$41,355	\$47,385	\$53,415	\$59,445	\$6,030
200 %	\$22,980	\$31,712	\$39,060	\$47,100	\$55,140	\$63,180	\$71,220	\$79,260	\$8,040
250 %	\$28,725	\$39,640	\$48,825	\$58,875	\$68,925	\$78,975	\$89,025	\$99,075	\$10,050
300 %	\$34,470	\$47,568	\$58,590	\$70,650	\$82,710	\$94,770	\$106,830	\$118,890	\$12,060
400 %	\$45,960	\$63,424	\$78,120	\$94,200	\$110,280	\$126,360	\$142,440	\$158,520	\$16,080