

ACA Engagement Letter Addendum

ACA Requirement to Have Health Insurance

In March, 2010 President Obama signed the Affordable Care Act. One provision of the Act required that after 2014 all Americans must have qualified health insurance or face a "Shared Responsibility Payment" more commonly known as the Health Care Penalty. In order to remind you of the rules and to protect us both from future IRS liability in the event of an audit, we require all individual taxpayers for 2018 to positively affirm the following items related to Health Care. Please initial or mark as N/A each item and sign the bottom of the affirmation.

- 1. We have provided you with all copies of Forms 1095-A, 1095-B, and 1095-C we received.
2. We did not receive all Forms 1095-A because we have alternate government provided qualified health care insurance from Medicare, Medicaid, or Tri-Care that covers all members of our household. Enter N/A if not applicable.
3. We have qualified employer-provided health insurance for the entire year for our entire household. Should also have a 1095-B and/or 1095-C.
4. We have qualified other health insurance we purchased directly from an agent or insurance company for the entire year which covers our entire household. Should also have a 1095-A or 1095-B.
5. We did NOT have health insurance at all for 2017. (Applies to all everyone listed on this tax return.)
6. We had insurance for part of the year or only part of the family had insurance. Complete area below.

In the event you do not have qualified health insurance for the entire year for your entire household, please provide us with the following information regarding insurance coverage for all members of your household. In the absence of the completion of items 1-4 above or item 5 blow, and the absence of your providing us with information regarding an exemption from the requirement to provide health insurance we will calculate the penalty and include it with your return.

Table with 4 columns: Name, No Insurance At All, Period of Coverage, Insurer. Multiple rows for listing household members.

Signature 1

Signature 2

By: (Print Name)

By: (Print Name)

Date

Date