

2016 Health Care Organizer Questions for All Taxpayers

(See next page for Organizer)

A health care organizer may assist you when you are scrambling for receipts from your health care providers at tax time.



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Terminology

- Health insurance refers to minimum essential coverage that qualifies as health insurance under the Health Care Reform Act of 2010, and includes employer-sponsored coverage, insurance purchased in the individual marketplace, grandfathered health plans, and government plans such as Medicare and Medicaid.
- The Marketplace refers to the Health Insurance Exchange set up by your state (or federal government for states that did not set up their own exchange) where you can go online to shop for individual health insurance policies from a variety of insurance providers.
- Tax family refers to you the taxpayer, your spouse if filing a joint return, and everyone you can claim as a dependent on your tax return. It does not include an individual that somebody else can claim as a dependent (such as a former spouse), even if you are the one who purchased the health insurance for that individual. A member of your tax family does not necessarily have to live with you in your household (such as when you are the noncustodial parent of a child whom you claim as a dependent).

Health Care Questions

Yes	No	1) Did you have health insurance for you, your spouse (if filing jointly), and everyone that you can claim as a dependent for the entire year?	<p>If Yes, go to line 2. If No, go to line 3.</p> <p>Note: If line 1 is yes, provide copies of all Forms 1095-A, 1095-B, and 1095-C that you received from either the Marketplace, your employer, and/or your health insurance provider.</p>
Yes	No	2) Was your insurance coverage provided through the Marketplace?	<p>If Yes, go to line 3. If No (and line 1 above is yes), STOP here. Do not answer any more questions. Check the box next to line 61 of Form 1040 and leave line 61 blank.</p>
Yes	No	3) For each member of your tax family, enter the applicable code for each month that describes the type of insurance (if any) each member had for that month: <ul style="list-style-type: none"> • Code 1. Employer-sponsored coverage. (Form 1095-C) • Code 2. Government plan such as Medicare or Medicaid. 	<ul style="list-style-type: none"> • Code 3. Individual policy including grandfathered plans, but not including plans purchased through the Marketplace. (Form 1095-B) • Code 4. Individual policy purchased through the Marketplace. (Form 1095-A) • Code 5. No health insurance coverage (or coverage does not qualify as minimum essential coverage). <p>Note: You are considered to have health insurance for any month in which you had health insurance for at least one day during that month.</p>

Name	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

- 4) For each member of your tax family where code (e) was entered above, enter the applicable code for each month that describes why that tax family member did not have any insurance for that month:
- **Code A.** Cost of insurance was too expensive. List on a separate sheet your cost of the least expensive plan you could find in the Marketplace for each member of your tax family, or your cost of insurance that your employer would have provided for you. Include information on the amount of the advanced premium tax credit that the Marketplace would have given you had you purchased insurance through the Marketplace.
 - **Code C.** Tax family member was either (1) outside the U.S. for at least 330 full days during the year, or (2) was a bona fide resident of a foreign country or U.S. territory during the year, or (3) was not a U.S. citizen or U.S. national, and was not lawfully present in the U.S. during the year.
 - **Code Z.** Your income was below the filing requirement for the year. In this case, enter this code for all members of your tax family.
 - **Code D.** Member of a health care sharing ministry, member of an Indian tribe, incarceration, or member of a religious sect opposed to accepting any insurance benefits. You must provide the Exemption Certificate Number (ECN) that you received from the Marketplace. If you do not have an ECN, you need to obtain one from the Marketplace before you can file your tax return.
 - **Code W.** There was a hardship such as an eviction, facing foreclosure, death of a close family member, fire, flood, bankruptcy, high medical expenses, or other circumstance that made it difficult to purchase health insurance (describe details on separate sheet). You must provide the Exemption Certificate Number (ECN) that you received from the Marketplace for this hardship. If you do not have an ECN, you need to obtain one from the Marketplace before you can file your tax return.
 - **Code X.** Other allowed circumstance that qualifies for a coverage exemption (describe details on separate sheet). You may need an Exemption Certificate Number (ECN) from the Marketplace to claim this coverage exemption.
 - **Code Y.** Family member does not have a qualified excuse for not having health insurance.

Name	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

For codes (A) through (Z) above, file Form 8965 to claim a health coverage exemption for that member of your tax family.

For code (Y) above, a coverage exemption for that tax family member applies for the entire year if one of the following is true:

- The tax family member went without coverage for less than three consecutive months during the year.
- Member of the tax family was born, adopted, or died during the year.
- Resident of a state that did not expand Medicaid and the member of the tax family would have been eligible had the state expanded Medicaid coverage.

- You were notified your health insurance was not renewable and you considered other plan options unaffordable.

If one of the above applies, file Form 8965 to claim a health coverage exemption for that tax family member. If none of these exceptions apply, see the worksheet to calculate the penalty for not having health insurance to determine the amount to enter on line 61 of Form 1040.

Health Care Questions continued

Yes	No	5) For line 3, was code (4) entered for any month for you or any member of your tax family?	If Yes , go to line 6. If No , STOP here and do not answer any more questions.
Yes	No	6) Did you or any member of your tax family receive an advance payment of the premium tax credit (APTC) through the Marketplace?	If Yes , go to line 7. If No , STOP here and do not answer any more questions. File Form 8962 to see if you qualify for the Premium Tax Credit (PTC). Note: If there was no APTC and your household income is above 400% of the Federal Poverty Level, you do not qualify for the PTC. Form 8962 is not needed, unless you or a tax family member received a Form 1095-A from the Marketplace.
Yes	No	7) For any month that code (4) was entered in line 3, did you or any tax family member qualify for health insurance through an employer plan or government sponsored plan such as Medicaid, TRICARE, or the Children's Health Insurance Program (CHIP)?	If Yes , for such tax family member, the PTC is not allowed for that month, even if the health insurance was purchased through the Marketplace for that month, and/or APTC was received for that month. See the Form 8962 instructions for Part 2, line 10.
Yes	No	8) Do you have a Form 1095-A for each member of your tax family for the months in which code (4) was entered on line 3?	If Yes , go to line 9. If No , you need to contact the Marketplace to obtain a copy of Form 1095-A for each applicable tax family member, or, if another taxpayer (such as a former spouse) has the applicable Form 1095-A for such tax family member, you need to obtain a copy of Form 1095-A from that other taxpayer.
Yes	No	9) Did you or a member of your tax family share a policy with another taxpayer? For example, you purchased insurance for yourself and your two children, but a former spouse can claim one or both children on his/her tax return as a dependent.	If Yes , complete Part 4 of Form 8962.
Yes	No	10) Did you get married during the tax year?	If Yes , see the Form 8962 instructions for Part 5. This part of Form 8962 is not required, but this election may help to reduce the amount of excess APTC that must be repaid, if applicable.
Yes	No	11) Was there a change of address, or a new member added or subtracted from your tax family (such as the birth of a newborn or an adult child moving away), or a change in the number of personal exemptions claimed from what you had originally informed the Marketplace, or a change in the number of tax family members enrolled through the Marketplace, and you did not inform the Marketplace of these changes at the time of the change?	If Yes , see the Form 8962 instructions for Part 2, line 10. If No , complete Form 8962 to determine the allowable PTC and whether any APTC must be repaid. Note: Informing your insurance company of a change in address or number of family members, or other change in circumstance is not the same as informing the Marketplace. In addition to notifying the insurance company, you must also notify the Marketplace whenever there is a change in circumstances. If the Marketplace was not informed, see the Form 8962 instructions for Part 2, line 10.