

# Affordable Care Act Checklist

Name/ID \_\_\_\_\_

Year \_\_\_\_\_

Preparer's Initials and Date \_\_\_\_\_

Reviewer's Initials and Date (if applicable) \_\_\_\_\_

## Individual Mandate

	Yes	No	N/A or Comments
1 Did the taxpayer receive Form 1095-A, 1095-B, or 1095-C? If yes, skip to question 2.			
a If not, did the taxpayer maintain health insurance at any point in the year?			
b Is there evidence to support that the insurance is minimum essential coverage?			
c Did you consider the following:			
i Insurance card			
ii Insurance contract			
iii The taxpayer's statement			
d If there is no evidence of coverage, do you believe the taxpayer's statement to be accurate, consistent and complete?			
2 Is the taxpayer entitled to claim dependents? If no, go to question 3.			
a If yes, were the 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 Did you consider the following:			
i Insurance card			
ii Insurance contract			
iii The taxpayer's statement			
d If there is no evidence of coverage, do you believe the taxpayer's statement to be accurate, consistent and complete?			
3 Were there any gaps or lack of coverage in the year for the taxpayer 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 qualify for a short coverage gap exception.			
4 Is the taxpayer required to file a tax return? If no, skip question 5. The taxpayer is exempt.			
5 If the taxpayer had gaps that do not meet the short coverage exception, is the taxpayer exempt during the gap while he or she was:			
a Part of a recognized religious sect?			
b Part of a health care sharing ministry?			
c An illegal alien?			
d Incarcerated?			
e A member of an Indian Tribe?			
f Could not afford coverage?			
g Qualifies for a hardship exemption?			
i Do you have the exemption certificate number (ECN)? Tax returns without ECNs are rejected.			



Individual Mandate (cont.)		Yes	No	N/A or Comments
6	Do you have evidence of any exemption? If the taxpayer had minimum essential coverage the entire year, answer "N/A".			
If Number 3 is marked "Yes" and no exemption applies, calculate the penalty directly using the worksheets in the instructions of Form 8965. If an exemption applies, attach Form 8965.				

Premium Tax Credit (PTC)		Yes	No	N/A or Comments
1	Is the taxpayer:			
a	Married filing separate?			
b	Incarcerated?			
c	An illegal alien?			
d	Eligible to be claimed as a dependent?			
Any "yes" answer generally renders the taxpayer ineligible for the PTC.				
2	Is the taxpayer's household income at least 100% but no more than 400% of the federal poverty level (FPL)? If no, skip to question 6. The taxpayer does not qualify for the PTC. However, see exceptions to Form 8962 for those below 100% FPL. If yes, go to question 3.			
3	Is the taxpayer eligible for any state or local health benefit program, such as Medicare or Medicaid? If yes, skip the rest of this section, the taxpayer does not qualify for the PTC. If no, go to question 4.			
4	Did the taxpayer purchase health insurance on the exchange? If no, the taxpayer does not qualify for a PTC, skip the rest of this section. If yes, go to question 5.			
5	Was the taxpayer eligible for health care coverage through the taxpayer's or taxpayer's spouse's employer? If no, go to question 6.			
a	If yes, did the taxpayer enroll?			
b	If the taxpayer did not enroll, did the plan offer minimum value and was affordable? If yes, the taxpayer does not qualify for a PTC.			
6	Did the taxpayer receive an advanced PTC (APTC)? If yes, file Form 8962 to reconcile the APTC with the actual credit.			
7	Does the taxpayer have Form 1095-A? If no, the taxpayer must furnish this form. Halt preparation until you obtain this form. If the taxpayer does not qualify for the PTC, answer N/A.			
8	Is there more than one tax family sharing the credit? Examples include adult nondependent children and new divorce or marriage situations. If yes, you must allocate the credit. See Form 8962 instructions.			
9	Is the taxpayer covered under a policy from the exchange in which someone else holds the policy?			
a	If yes, does the taxpayer claim him/herself?			
If both answers are yes, obtain Form 1095-A from the taxpayer who holds the policy. The tax credit must be allocated.				

Businesses		Yes	No	N/A or Comments
1	Does the taxpayer have a business? If no, do not complete the rest of this section.			
2	Does the business have other owners?			
3	Does the business have employees?			



Businesses (cont.)		Yes	No	N/A or Comments
4	Does the employer have 50 or more full-time equivalents?			
a	If yes, did the taxpayer offer health insurance?			
i	Was it affordable?			
ii	Did it provide minimum value?			
If answer to a, i, or ii is "no," inform the taxpayer. The IRS will notify them of any penalties under §4980H. No form is required.				
5	Does the taxpayer pay for individual health costs under a plan as described in Notice 2013-54?			
a	Is there more than one participant?			
b	Is this amount pre-tax?			
If the answers are all "yes," file Form 8928 to report the excise tax under §4980D. See Form 8928 instructions for discussion of the reasonable cause exception.				
6	Did the taxpayer purchase insurance on the SHOP for employees?			
a	If yes, does the taxpayer have less than 25 full-time equivalent employees?			
b	If yes, is the average wage less than \$50,000?			
If all answers are yes, file Form 8941 to determine if the taxpayer is eligible for a credit.				

ADDITIONAL COMMENTS:

