

Obamacare Individual Mandate Tax Compliance Form

Name of individual subject to additional tax. If married filing jointly, see instructions.

Your social security number

**Fill in Your Address Only
If You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code

If this is an amended
return, check here

Part I Health Care Information

Date of Birth

Spouse Date of Birth

Family Size

1 Indicate the time period you were covered by qualifying health insurance (see Instruction A) 1 Full Year or Part Year Not Covered

2 What type of qualifying health insurance plan were you covered by? (See instruction B) 2
 Employer Plan Individual Plan in an Exchange
 Individual Plan Not in an Exchange
 Medicaid Medicare VA Benefits or Tricare

3 Your Health Insurance Information (see Instruction C) 3 Name of Insurer Insurer EIN Personal Health ID Number

4 Spouse Health Insurance Information (see Instruction C) 4 Name of Insurer Insurer EIN Personal Health ID Number

Part II Affordability

5 Did your employer offer affordable qualifying coverage? (See Instruction D) 5 Yes No

6 Were you eligible for government-subsidized health insurance? (See Instruction E) 6 Yes No

7 Were you able to purchase affordable health insurance? (See Instruction F) 7 Yes No

Part III Exemption

8 Are you claiming a religious exemption from the individual responsibility mandate? (See Instruction G) 8 Yes No

9 Are you an incarcerated criminal and therefore exempt from the personal mandate? (See Instruction H) 9 Yes No

10 Are you an illegal immigrant and therefore exempt from the personal mandate? (See Instruction I) 10 Yes No

11 Have you received a certificate of exemption from the federal Department of Health and Human Services? (See Instruction J) 11 Yes No

Part IV Individual Mandate Compliance Penalty Tax

12 What months were you covered by an affordable qualifying health insurance plan? (See Instruction K)
 January February March April May June
 July August September October November December

13 Tax penalty (see Instruction L)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy for your records.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

In the event that President Obama is re-elected, please consult your tax preparation specialist on the appropriate information you may need to collect in addition to the information requested by this form. Failing to comply with the Obamacare Tax Mandate could result in severe financial penalties and interest against your personal property.

If Mitt Romney defeats President Obama on Election Day, November 6, 2012, and Republicans take control of the Senate and maintain their majority in the US House, you may disregard this form as Romney has promised to repeal Obamacare.

For additional information, go to www.obamacaretaxform.org

Instructions for Completing

For additional information about this projected form,
please visit www.obamacaretaxform.org

A. Time Period. Indicate whether you were covered for part or all of the year by a “qualifying health insurance plan” as defined by the federal Department of Health and Human Services. If you were only covered for part of the year, you may be required to make an individual mandate penalty payment to the IRS.

B. Type of Plan. This should be indicated on the tax form you were mailed by your health insurance company. A copy of this tax form has also been mailed to the IRS for their confirmation of your plan status.

C. Health Insurance Information.

Be sure to include the health insurance plan, identification number, and personal health information number (for both you and your spouse) as found on the tax form mailed to you by your health insurance company and copied to the IRS.

D. Employer Qualifying Coverage.

Does your employer offer health insurance coverage that is deemed “qualified” under the Affordable Care Act? This plan must include necessary preventive coverage such as contraception, abortion, and hair loss treatment. Your employer insurance premium amounts should be listed on your W-2.

E. Government subsidized. You are eligible for government-subsidized health insurance if you are: over age 65 and enrolled in Medicare; earn less than the federal poverty level and are enrolled in Medicaid; are covered as an active military person under Tricare; are a veteran receiving benefits under the Veterans’ Administration; or earn less than 400 percent of the federal poverty level and will be receiving a refundable, advancable tax credit under the Affordable Care Act. In the final case, the money has already been collected by your insurance company and you have to account for it on your tax return.

F. Affordable. You must purchase qualifying health insurance (or pay the individual mandate penalty tax to the IRS) unless an affordable health insurance plan is not available to you. An affordable plan is one which costs you no more than 8 percent of your adjusted gross income out-of-pocket.

G. Religious Exemption. The individual mandate is waived only for those persons belonging to a religion which explicitly rejects having health insurance as a tenant of its faith. If you have another conscience objection, you need to apply for a waiver to the Department of Health and Human Services.

H. Incarcerated Criminals. Incarcerated individuals are exempt from the individual mandate.

I. Illegal Immigrants. Individuals who are in the United States and are undocumented are exempt from the individual mandate.

J. Certificate. You can apply to the Secretary of the Department of Health and Human Services for a waiver from Obamacare. Consult your registered lobbyist in Washington, D.C.

K. Months Covered. If you were not covered by qualifying affordable health insurance for part of the year, you will have to pay a penalty for those months which you were uninsured.

L. Penalty. To calculate this number, first multiply your adjusted gross income by 2.5%. If this number is bigger than \$695 (single), \$1390 (family with two persons), or \$2085 (family with three or more persons), pay this higher number. If the dollar figure listed here is bigger, pay that dollar figure. Prorate by the number of months you did not enroll in an affordable, qualifying health insurance plan.