

Health Coverage Exemptions

OMB No. 1545-0074

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.

▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

20**16** Attachment Sequence No. **75**

Your social security number

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

	(a) Name of Individual					(b) SSN					(c) Exemption Certificate Number						
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	Coverage Exemption you are claiming a coverage eck here. Coverage Exemption household are claimir	e exemption bec ns Claimed o	cause your ho n Your Ret	ouseh urn fe	old in or Ine	come divid	or gr uals.	oss ir If yo	icome						Ľ		
	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(I) Aug	(m) Sept	(n) Oct	(o) Nov		
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For Privacy Act and Paperwork Reduction Act Notice, see your tax return instructions.

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