TAXABLE YEAR

CALIFORNIA FORM

Health Coverage Exemptions and Individual Shared Responsibility Penalty

		381	4

2022

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return

SSN or ITIN

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Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

	Certificate Number (ECN) granted by the M				
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
1	Last Name		ECN 1	€ ECN 2	ECN 3
	Last Name		•	●	●
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
2	•	•	•	•	•
2	Last Name		ECN 1	ECN 2	ECN 3
	•	1	•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
3	Last Name		ECN 1	ECN 2	ECN-3
	•		•		•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
4	•	•	•	0	•
4	Last Name		ECN 1	ECN 2	ECN 3
	©	Initial	© CON	Date of Birth (mm/dd/yyyy)	Modified AGI
	First Name		SSN	Date of Birth (mm/dd/yyyy)	Nodified AGI
5	Last Name		ECN 1	ECN 2	ECN 3
	•		•	0	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
6	•	•	•	•	•
Ū	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	• Instruction	•	●	• On Birtin (mini/dd/yyyyy)	Infoditied Adi
7	Last Name		ECN 1	ECN 2	ECN 3
	•		•	•	•
	First Name	Initial	SŚN	Date of Birth (mm/dd/yyyy)	Modified AGI
8		•	O	€ FON O	● FON O
	Last Name ●		ECN 1	ECN 2 ●	ECN 3 ●
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
_	•	•		•	•
9	Last Name	>	ECN 1	ECN 2	ECN 3
	•		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
10	Last Name		ECN 1	ECN 2	ECN 3
	Last Name		•	●	●
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
44	•	•	•	•	•
11	Last Name		ECN 1	ECN 2	ECN 3
	•	I ·	•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
12	Last Name	ا ق	ECN 1	ECN 2	ECN 3
	• Last Name		• IECN 1	●	●
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Part II Coverage Exemption Claimed on Your Tax Return for Your Household

1	If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check		
	the box here. See instructions	left	

Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

	Coverage and Exemption Codes														
			(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(I) Nov	(m) Dec
	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
1	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
,	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
2	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
	First Name	Initial	•	•	•	•	•	•	•	<u>•</u>	•	•	•	•	•
3	Last Name			•	•	•	•	•	•	0	•	•	•	•	•
	First Name	Initial	•	•	•	•	0	0	•	•	•	•	•	•	•
4	Last Name			•	•	•	0	•	•	•	•	•	•	•	•
_	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
5	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
_	First Name	Initial	•	• (•	•	•	•	•		•	•	•	•	•
6	Last Name			•	0	•	•	•	•	•	•	•	•	•	•
	First Name	Initial	0	0	•	•	•	0	•	•	•	•	•	•	•
7	Last Name			•	•	•	0	•	•	•	•	•	•	•	•
•	First Name	Initial	•	•	•	0	•	•	•	•	•	•	•	•	•
В	Last Name			•	0	•	•	•	•	•	•	•	•	•	•
	First Name	Initial	•	•	0	•	•	•	•	•	•	•	•	•	•
9	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
10	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
11	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
12	Last Name	1		•	•	•	•	•	•	•	•	•	•	•	•

Part IV Individual Shared Responsibility Penalty

1	Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.	
	See instructions	