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11	2021 Schedule HC	AREA RESERVED
12 13		FOR 2-D BARCODE
13		FUR 2-D DARCODE
	Schedule HC, Health Care Information, must be completed by all	
	ull-year residents and certain part-year residents (see instructions).	
	lote: Schedule HC must be enclosed with your Form 1 or Form	
	-NR/PY. Failure to do so will delay the processing of your return.	
19	FIRSTNAMEXXXXXXX I LASTNAMEXXXXX	XXXXXXX SOCIALSECNO
20		
21		
22	1a. Date of birth XXXXXXX 1b. Spouse's date of birth	th XXXXXXXX 1c. Family size XX
23		
24 25	2. Federal adjusted gross income	2 —XXXXXXXXXXXX
26	3. Indicate the time period that you were enrolled in a Minimum Cred	editable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your
27		ents. Note: MassHealth, Medicare, and health coverage for U.S. Military, including
28		nts. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance
29	that did not meet MCC requirements, see the special section on N	
30		
31	See instructions if, during 2021, you turned 18, you	3a You: X Full-year MCC X Part-year MCC X No MCC/None
32	were a part-year resident or a taxpayer was deceased.	3a Spouse: X Full-year MCC X Part-year MCC X No MCC/None
33	If you filled in the full-year or part-year MCC oval, go to line 4. If y	
34		
35		litable Coverage (MCC) requirements in which you were enrolled in 2021, as
36		t receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were
37		Care and enter your private insurance information in line(s) 4f and/or 4g and go
38	to line 5.	
39	4a. Private insurance, including ConnectorCare (completes line(s	
40	4b. MassHealth. Fill in and go to line 5	
41	4c. Medicare (including a replacement or supplemental plan). Fil	U V V
42	<ul> <li>4d. U.S. Military (including Veterans Administration and Tri-Care)</li> <li>4e. Other program (enter the program name(s) only in lines 4f and</li> </ul>	
43 44	is not considered insurance or minimum creditable coverage.	ind/or 4g below). Note: Health Salety Net A You A Spouse
44 45	is not considered insurance of minimum creditable coverage.	
45	4f. Your Health Insurance. Complete if you answered line(s) 4a	
40	NAMEOFINSURANCECOMPANYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
48	NAMEOFINSURANCECOMPANYXXXXXXXXX	
49		
50	4g. Spouse Health Insurance. Complete if you answered line(s)	
51	NAMEOFINSURANCECOMPANYXXXXXXXXXX	X FEDERALIDEN SUBSCRIBERNUMBERXXXXX
52	NAMEOFINSURANCECOMPANYXXXXXXXXXXXXX	
53		
54	5. If you had health insurance that met MCC requirements for the fu	ull-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare,
55		dule and continue completing your tax return. Other wise, go to line 6.
56		
57		lan), U.S. Military (including Veterans Administration and Tri-Care), or other government
58		alty. Skip the remainder of this schedule and continue completing your tax return.
59	Otherwise, go to line 6.	<b>I</b>
60		
61		X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
62		
63		
06	6 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 3	39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

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11	AREA	A RESERV	/FD				1
12 <b>2021 Schedule HC, pg. 2</b> 13 SOCIALSECNO XXXXXXXXXXXXXXXXX							1:
13 SOCIALSECNO XXXXXXXXXXXXX	FOR 2	2-D BARC	JDE				1;
14							14
15							1
16							10
17							11
18							14
<sup>19</sup> You might be eligible for low- or no-cost health insurance covera	•						1
20 If you (and/or your spouse, if married filing jointly) do not have health insurance			с.				20
21 available by the Commonwealth of Massachusetts. By filling in the oval below,	you authorize DOR to share in	nformation from your ta	ax return an	d atta	ched	sched	ules 2
22 with the Health Connector. If you are married filing jointly, both spouses must of	check the box for the Health Co	onnector to receive all	of your info	rmatio	on. Th	e Hea	lth 2
23 Connector will assess your eligibility for those coverage options, including low-							23
24 You: X I authorize DOR to share this tax return including atta		achusetts Health Con	nector for th	e purp	oose o	of ass	essing 24
25 my eligibility for insurance affordability programs and contacting me with inform							2
26 Spouse: X I authorize DOR to share this tax return including atta		achusetts Health Con	nector for th	e purp	oose o	of ass	essing 2
27 my eligibility for insurance affordability programs and contacting me with inform	nation about the same.						2
28 Your Health Insurance				V		V	2
6. Was your income in 2021 at or below 150% of the federal poverty level			6	Χ.		X	
30 If you answer Yes, you are not subject to a penalty in 2021. Skip the remainder					-		
31 in a health insurance plan that met the MCC requirements for part, but not all,		swer No and you had	no insuranc	e or y	ou we	re en	olled 3
<sup>32</sup> in a plan that did not meet the MCC requirements during the period that the m							3
<b>7.</b> Complete this section <b>only if</b> you, and/or your spouse if married filing							
Coverage (MCC) requirements for part, but not all of 2021. Fill in belo							-
did not receive this form, fill in the months you were covered by a plan						-	
18, you were a <b>part-year resident</b> or a taxpayer was <b>deceased</b> , fill in	n the oval(s) below for the mon	th(s) that met the MCC	requireme ر	ents al	uring i	ine pe	
37 that the mandate applied. See instructions.				+ 1400	<b>`</b>		3
38 You may only fill in the month(s) you had health insurance that met M	CC requirements. If you had h	eaith insurance, but it	ala not mee		, requ	lireme	
39 you must skip this section and go to line 8a.							3
<sup>40</sup> 41 Months Covered By Health Insurance							4
		V o i V			v	_	4
42 You: X Jan. X Feb. X March X April X May	X June X July X Au	Ig. A Sept. A	Oct. X Oct. X				4:
43 Spouse: X Jan. X Feb. X March X April X May							4:
44 If you had four or more consecutive months either with no insurance or insuran				mont	ns in a	a row)	
45 go to line 8a. Otherwise, a penalty does not apply to you in 2021. Skip the rem	lander of this schedule and co	omplete your tax return	l				4
<sup>46</sup> 47 Religious Exemption and Certificate of Exemption							41
	rement to purchase bealth incu	wanaa baaad	0 a Vau	Y	Vaa	Х	4
48 <b>8a. Religious exemption:</b> Are you claiming an exemption from the requi	•		8a You	~	res	^	
<ul> <li>on your sincerely held religious beliefs that cause you to object to sub</li> <li>health insurance?</li> </ul>	ostantially all forms of treatment	it covered by	Creation	Y	Vaa	Х	4
			Spouse	~	Yes	^	
51 If you answer Yes, go to line 8b. If you answer No, go to line 9.	adical bacth care during the O		<b>8b</b> You	Y	Vaa	Y	5' No 5'
52 8b. If you are claiming a religious exemption in line 8a, did you receive m	edical health care during the 2	021 tax year?		Ŷ	Yes	14	No 5
53	completing your toy return. If yo	u angwar Vaa ta lina (	Spouse		Yes	^	No 5
54 If you answer No to line 8b, skip the remainder of this schedule and continue c	omoleuno vour tax return. It vo	ILL ALLSWEL YES TO LIDE &	0. UO TO IINE	÷ 9.		V	54
<ol> <li>9. Certificate of exemption: Have you obtained a Certificate of Exemption</li> </ol>			-	Y	Ver		No 5
			<b>9</b> You	X	Yes		
56 Connector for the 2021 tax year?	tion issued by the Massachuse	etts Health	9 You Spouse		Yes Yes	14	No 5
Connector for the 2021 tax year? fr you answer Yes, enter the certificate number, skip the remainder of this sche	tion issued by the Massachuse	etts Health your tax CERT	9 You Spouse NUMB				No 5
Connector for the 2021 tax year? 57 If you answer Yes, enter the certificate number, skip the remainder of this sche 58 return. If you answer No to line 9, go to line 10.	tion issued by the Massachuse	etts Health your tax CERT	9 You Spouse				No 50 51 51
<ul> <li>Connector for the 2021 tax year?</li> <li>If you answer Yes, enter the certificate number, skip the remainder of this sche</li> <li>return. If you answer No to line 9, go to line 10.</li> </ul>	tion issued by the Massachuse	etts Health your tax CERT	9 You Spouse NUMB				No 50 51 51 51 51
<ul> <li>Connector for the 2021 tax year?</li> <li>If you answer Yes, enter the certificate number, skip the remainder of this sche</li> <li>return. If you answer No to line 9, go to line 10.</li> </ul>	tion issued by the Massachuse	your tax CERT	9 You Spouse NUMB				No 50 51 51 51 51 51 51 51 51 51 51 51 51 51
<ul> <li>Connector for the 2021 tax year?</li> <li>If you answer Yes, enter the certificate number, skip the remainder of this sche return. If you answer No to line 9, go to line 10.</li> <li>Acceleration     </li> </li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></ul>	tion issued by the Massachuse	your tax CERT	9 You Spouse NUMB				No 50 51 51 60 61 61
<ul> <li>Connector for the 2021 tax year?</li> <li>If you answer Yes, enter the certificate number, skip the remainder of this sche</li> <li>return. If you answer No to line 9, go to line 10.</li> </ul>	tion issued by the Massachuse	your tax CERT	9 You Spouse NUMB				No 50 51 51 51 51 51 51 51 51 51 51 51 51 51

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				-
07				
2021 Schedule HC, pg. 3	AREA R	ESERVED		
122021 Schedule HC, pg. 313XXXXXXXXXXXXXXX	FOR 2-D	BARCODE		
14				
15				
17				
FIRSTNAMEXXXXXX I LASTNAME	XXXXXXXXXXXX SOCIALSECN	0		
10				
Affordability as Determined By State Guidelines				
22 Note: This section will require the use of worksheets and tables	found in the instructions. You must complete the w	orksheet(s) to determine if he	alth insurance	was
<ul> <li>affordable to you during the 2021 tax year.</li> <li>10. Did your employer offer affordable health insurance that</li> </ul>	t met minimum creditable coverade requiremente	<b>10</b> You	X Yes X	No
as determined by completing the Schedule HC Works			X Yes X	
Fill in No if your employer did not offer health insurance that me		· · · · · · · · · · · · · · · · · · ·		
7 your employer, you were self-employed or you were unemploye	d.			
11. Were you eligible for government-subsidized health ins	urance as determined by completing the Schedule		X Yes X	
9 Worksheet for Line 11 in the instructions?	ula Orașe Deserbie Mandrehenstie dhe instanațieres de se		X Yes X	No
<ul> <li>If you answer No, go to line 12. If you answer Yes, go to the Heat</li> <li>12. Were you able to purchase affordable private health in</li> </ul>			X Yes X	No
<ol> <li>Were you able to purchase attordable private health in as determined by completing the Schedule HC Worksi</li> </ol>			X Yes X	
If you answer No, you are not subject to a penalty. Continue co				110
<sup>34</sup> instructions to calculate your penalty amount.				
36 Complete Only If You Are Filing An Appeal 37 You must complete the Health Care Penalty Worksheet to d	etermine your penalty amount before completing	a this section		
$_{37}$ You may have grounds to appeal if you were unable to obtain a			2021 due to a	
hardship or other circumstances. The grounds for appeal are ex				alty,
$_{ m i0}$ fill in the field(s) below. The appeal will be heard by the Massac			•••••	
authorizing DOR to share information from your tax return, inclu	· · · · · · · · · · · · · · · · · · ·		÷	
$_{12}$ You will receive a follow-up letter asking you to state your $_{13}$ that letter within the time specified in the letter will lead to				to
<sup>3</sup> documentation is received, it will be reviewed by the Massachu			-	equired
$_{5}^{4}$ to file your claims under the pains and penalties of perjury.				
$_{\rm 6}$ Note: If you are filing an appeal, make sure you have calculate				
$_7$ on your Form 1 or Form 1-NR/PY. Also, do not include any hard	ship documentation with your original return. You w	ill be required to submit subst	antiating hards	ship
8 documentation at a later date during the appeal process.				
19 Very Very Very Very ender the second the second to be the size				
You: X I wish to appeal the penalty. I authorize for purposes of deciding this appeal.	DOR to share this tax return including this schedule	e with the Massachusetts Hea	uin Connector	
Spouse: X I wish to appeal the penalty. I authorize	DOR to share this tax return including this schedul	e with the Massachusetts Hea	alth Connector	
4 for purposes of deciding this appeal.				
5				
7				
59				
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it XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXX	
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63 06 07 08 00 10 11 12 13 14 15 16 17 18 10 20 21 22 23 24 25 26 27 28 20 30 31 32 33 3	1 25 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57	58 50 60 61 62 62 64 65 66 67 69 60 70	71 72 72 74 75 76 7	7 78 70 00