

2019 Schedule HSR Sub DC Health Care Shared Responsibility



SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1234

Unless Instructed otherwise- if you fill any part of this schedule, attach it to your D-40

Personal information

Your daytime telephone number 1234567890

Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY) 123456789 12345678 Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY) 123456789 12345678

Your first name M.I. Last name ABCDEFGHIJKL A ABCDEFGHIJKLMNOPQRST

Spouse's/registered domestic partner's first name M.I. Last name ABCDEFGHIJKL A ABCDEFGHIJKLMNOPQRST

Mailing address (number, street and suite/apartment number if applicable) ABCDEFGHIJKLMNOPQRSTUVWXYZABCD ABCDEFGHIJKLMNOPQRSTUVWXYZABCD

City State Zip Code +4 ABCDEFGHIJKLMNOPQ AB 123456789

PART I Do you have qualifying health coverage?

- 1 Did you and, if applicable, all members of your health care shared responsibility family, have qualifying health coverage for every month in 2019? [X] Yes. STOP. You do not owe a health care shared responsibility payment. Enter zero on Line 28 of your D-40. [X] No. If you answered No, complete Part II.

PART II Do you have an exemption?

- 2 Can someone else claim you as a dependent on their federal income tax return for 2019? [X] Yes. STOP. You do not owe a health care shared responsibility payment. [X] No.
- 3 Was your federal adjusted gross income below the applicable filing threshold for your filing status for 2019? See instructions. [X] Yes. STOP. You do not owe a health care shared responsibility payment. [X] No.
- 4 Was your federal adjusted gross income, reported on your D-40, Line 4 for 2019, equal to or less than \$27,728? [X] Yes. STOP. You do not owe a health care shared responsibility payment. [X] No.

If you answered Yes to any of questions 2 - 4, enter zero on Line 28 of your D-40. If not, continue by answering questions 5 - 6.

- 5 Do you affirm under the penalties of perjury that you or any member of your health care shared responsibility family lacked qualifying health coverage in 2019 on the basis of a sincerely held religious belief during the entire taxable year? [X] Yes. You must complete Part III before completing Part IV. [X] No.
- 6 Are you claiming an exemption (other than a sincerely held religious belief) for at least one month for 2019 for yourself or any member of your health care shared responsibility family? [X] Yes. You must complete Part III before completing Part IV. [X] No.

After answering questions 5 - 6, complete Part IV to determine the amount to enter on Line 28 of your D-40. If you answered yes to question 5 or 6, you must also complete Part III.



Enter your last name ABCDEFGHIJKLMNOPQRST

Enter your taxpayer identification number (TIN) 123456789

**PART III What coverage exemptions are you claiming for members of your shared responsibility family and for how many months?**

	Name of Individual	Taxpayer Identification Number (TIN)	Exemption Type	Number of Exempt Months Claimed
7	First name and M.I. ABCDEFGHIJKL X Last name ABCDEFGHIJKLMNOPQRST	123456789	X	XX
8	First name and M.I. ABCDEFGHIJKL X Last name ABCDEFGHIJKLMNOPQRST	123456789	X	XX
9	First name and M.I. ABCDEFGHIJKL X Last name ABCDEFGHIJKLMNOPQRST	123456789	X	XX
10	First name and M.I. ABCDEFGHIJKL X Last name ABCDEFGHIJKLMNOPQRST	123456789	X	XX
11	First name and M.I. ABCDEFGHIJKL X Last name ABCDEFGHIJKLMNOPQRST	123456789	X	XX
12	First name and M.I. ABCDEFGHIJKL X Last name ABCDEFGHIJKLMNOPQRST	123456789	X	XX

**PART IV Complete the applicable worksheets before completing Part IV.**

*Round cents to nearest dollar. If amount is zero, leave line blank.*

13	Enter flat dollar amount (see Worksheet A-1, Line 5 or Worksheet A-2, Line 7).....	13	\$123456.00
14	Enter the percentage income amount (see Worksheet B-1, Line 4 or Worksheet B-2, Line 14).....	14	\$123456.00
15	Enter the larger of Line 13 or Line 14 (If Lines 13 and 14 are the same, enter that number.).....	15	\$123456.00
16	Enter the District Average Bronze Plan Premium (see Worksheet C-1, Line 2 or Worksheet C-2, Line 2).....	16	\$123456.00
17	Enter the smaller of Line 15 or Line 16 here and on D-40, Line 28.....	17	\$123456.00