3 4 5 6 7 8	9 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 39 40 41 42 43 4	4 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 81 8
	rnment of the	Schedule HSR SUB		
Dist	ict of Columbia			
		DC Health Care Shared Responsibility		
		Shareu Responsionity	2 2 0 4 0 5	S 1 0 0 0 1
	ess Instructed otherwise- if you fill part of this schedule, attach it to your D-40		SOFTWARE DEVELOPER USE O	NLY VENDOR ID# 9999
	sonal information			
	daytime telephone number 99999999	999		
			ouse's/registered domestic partner's TIN an	d Date of Birth (MMDDYYYY)
		999999999	9999999999	99999999
You	first name	M.I. Last name		
	XXXXXXXXXXXXX	X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxx	
Spo	use's/registered domestic partner's first name	M.I. Last name		
	XXXXXXXXXXXXX	X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	<xxxxxxxxxx< td=""><td></td></xxxxxxxxxx<>	
Mai	ing address (number, street and suite/apartmen	t number if applicable)		
	xxxxxxxxxxxxxxxxxxx			
XX	******	XXXXXXXX		
City		State	Zip Code + 4	
XX	xxxxxxxxxxxxxxxxxxx	XXXXXXXXX XX	999999999	
PA	RT I Do you have qualifying			
1			esponsibility family, have qualifying ł	nealth coverage for every
	month in 2022?			
	X Yes. STOP. You do not owe a	a health care shared responsibil	ity payment and do not need to com	plete a Schedule HSR.
	X No. If you answered No, cor	nplete Part II.	(Enter zero on Line 25 of you	IT U-40)
PA	RT II Do you have an exer			
2	Can someone else claim you as a de		e tax return for <mark>2022</mark> ?	
	X Yes. Proceed to Part IV. See i	nstructions.		
	X No.			
3	Was your federal adjusted gross inco	ome below the applicable filing t	hreshold for your filing status for 202	22? See instructions.
	X Yes. Proceed to Part IV. See	instructions.		
	X No.			
4			e 4 for <mark>2022</mark> , equal to or less than 3	0,169.80?
	X Yes. Proceed to Part IV. See i	nstructions.		
	X No.			
lf y	ou answered Yes to any of questions 2	2 - 4, enter zero on Line 25 of y	our D-40. If not, continue by answ	vering questions 5 - 6.
5			r of your health care shared responsit	
			y held religious belief during the entir	e taxable year?
	X Yes. You must complete Parl	III before completing Part IV.		
	X No.			
6			belief) for at least one month for 20	22 for yourself or any member
	of your health care shared responsit			
	X Yes. You must complete Part	III before completing Part IV.		
	X No.			
	er answering questions 5 - 6, complet		unt to enter on Line 25 of your D-40	. If you answered yes to
que	stion 5 or 6, you must also complete	Part III.		
	Rev.09/2022			
4 5 6 7 8	9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 2	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 4	4 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 81 8

SCH	IED	ULE	HSR	PAGE	2

5 6 7 8 9 10 11 12 13 14 15



68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85

Enter your lastname XXXXXXXXXXX XXXXXXXXXX Enter your taxpayer identification number (TIN)

PART III What coverage exemptions are you claiming for members of your shared responsibility family and for how many months? See instructions for exemption type(s).

Name of Individual	Taxpayer Identification Number (TIN)		Exemption Type	Number of Exempt Months Claimed
First name and M.I.				
7	999999999		X	XX
/ Last name	9999999999			
	XXX			
First name and M.I.				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
8	999999999		X	XX
Last name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	vvv			
First name and M.I.				
9	999999999		X	XX
Last name				
	XXX			
First name and M.I.				
XXXXXXXXXXX X .0	999999999		X	
U Last name				XX
	XXX			
First name and M.I.				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
1	999999999		X	XX
Last name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
First name and M.I.				
2	999999999		Х	XX
Last name				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
PART IV Complete the applicable workshee	Round cents to nearest dollar. If amount is zero, leave line blank.			
13 Enter flat dollar amount (see Worksheet A-1, Line 5 or V	Vorksheet A-2, Line 7)	13	999999	9.00
		13		
4 Enter the percentage income amount (see Worksheet B-	1, Line 4 or Worksheet B-2, Line 14)	14	999999	9.00
5 Enter the larger of Line 13 or Line 14 (If Lines 13 and 1	4 are the same, enter that number.)	15	999999	9.00
6 Enter the District Average Bronze Plan Premium (see W	orkehoot C. 1. Line 2 or Workehoot C. 2			
6 Enter the District Average Bronze Plan Premium (see W Line 2)	UNSIDED U-1, LITE 2 UN WURKSTIEEL U-2,	16	999999	9.00
EIIIG 2//				
7 Enter the smaller of Line 15 or Line 16 here and on D-4	10, Line 25	17	999999	9.00
Rev 09/2022				