Form **8965**

Health Coverage Exemptions

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

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption

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

OMB No. 1545-0074

Attachment Sequence No. **75**

Department of the Treasury Internal Revenue Service Name as shown on return

Your social security number

on yo	ur return.																	
Part	Marketplace-Granted have an exemption granted							you a	nd/o	r a m	emb	er of	your	tax h	ouse	eholo		
	(a)					(b)						(c)						
	Name of Individual				SSN					Exemption Certificate Number								
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2																		
3																		
4																		
5																		
6																		
Part I	Coverage Exemption	s Claimed on	Your Ret	urn f	or Yo	ur H	ouse	holo										
7a	Are you claiming an exemption	because your hou	usehold inco	ome is	belov	v the	filing t	hresh	old?.					Yes		No		
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Part I	Are you claiming a hardship exe Coverage Exemption	is Claimed on	Your Ret	urn f	or Inc	divid	uals.	If yo	u and	d/or a	a mer	nber		Yes our ta		No		
raiti	household are claimin	g an exemption	n on your i		n, cor	nplet	e Pa	rt III.								I		
	(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	(p) Dec		
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