

Personal Information Worksheet

2017

Keep for your records

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QuickZoom to Federal Information Worksheet

Part I -

Form section for Part I containing fields for First name, Middle initial, Last name, Social security no., Member of U.S. Armed Forces in 2017?, Date of birth, age as of 1-1-2018, Occupation, Daytime phone, Ext, Marital status, and various checkboxes for retirement, blindness, and tax filing.

Part II - Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

Five numbered questions regarding dependent status, including whether someone can claim you as a dependent, if you are claimed, if you were a full-time student, if your income exceeded support, and if parents were alive.

Part III -

Form section for Part III asking for the state of residence as of December 31, 2017, and whether the person is a resident of that state for the entire year or only part of the year.

Part IV - Dependent Care Expenses

Form section for Part IV asking for qualified dependent care expenses, unreimbursed medical expenses, and employment taxes paid for dependent care providers in 2017.

Part VI - Healthcare Coverage

Form section for Part VI asking about healthcare coverage, including whether prior year coverage qualifies for a short gap exemption and a grid for indicating coverage for each month of the year.

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type						Check Full Year or Months Exempt for Each Type									
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
Full Year . . . ▶															
Full Year . . . ▶															
Full Year . . . ▶															

Healthcare coverage information has been completed for this person.