

Personal Information Worksheet

2018

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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 2018?, Date of birth, Occupation, Daytime phone, Ext, Marital status, and various yes/no questions.

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

Five numbered questions regarding dependent status, including questions about being claimed as a dependent, student status, and parental support.

Part III -

Form section for Part III containing fields for state of residence as of December 31, 2018, and checkboxes for resident status.

Part IV - Dependent Care Expenses

Form section for Part IV containing fields for qualified dependent care expenses, unreimbursed medical expenses, and checkboxes for student status and dependent care credit.

Part VI - Healthcare Coverage

Form section for Part VI containing questions about healthcare coverage, including short gap exemption and a grid for indicating coverage by month.

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 . . . ▶ <input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
						Full Year . . . ▶ <input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
						Full Year . . . ▶ <input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Healthcare coverage information has been completed for this person. . . . .