

Dependents:

Will your dependents be claimed by someone other than yourself? ____ Yes ____ No

Did your children acquire Health Ins. through the Market Place ? ____ Yes ____ No

If yes, you must provide a 1095-A

Name: _____ DOB: _____

Relationship: _____ Social Security Number: _____

- How many months did your child live with you? _____
- Was your child permanently and totally disabled during any part of the year? _____
- Is there an active form 8832 (release/revocation of claim to exemption)? _____ If so a copy must be attached to the return.

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