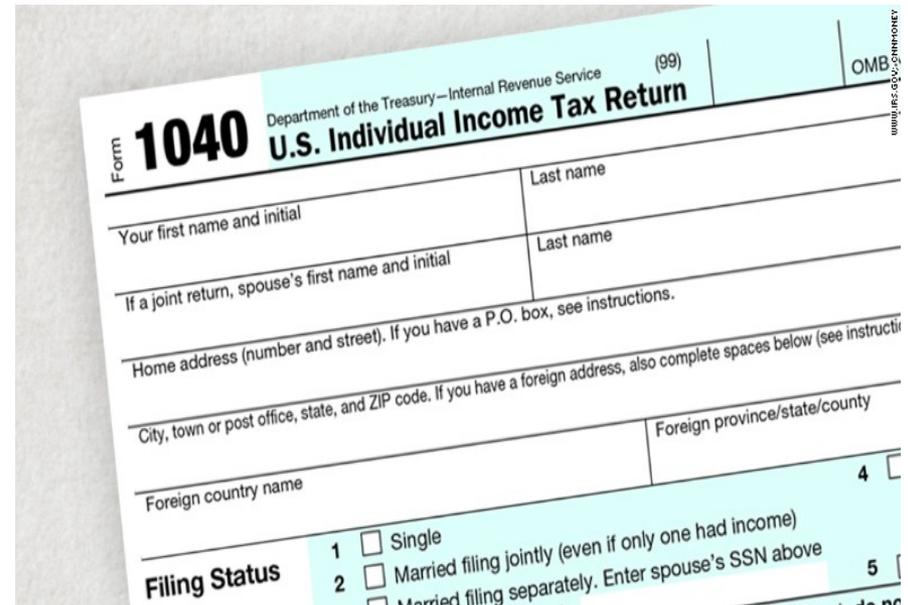


Learning the ABCs of FORM 1095 For SHOP



Form **1040** Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return OMB
Your first name and initial Last name
If a joint return, spouse's first name and initial Last name
Home address (number and street). If you have a P.O. box, see instructions.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions)
Foreign country name Foreign province/state/county
Filing Status 1 Single 4
2 Married filing jointly (even if only one had income) 5
3 Married filing separately. Enter spouse's SSN above
www.irs.gov/omhoney

February, 2016

Everyone who is eligible must have health insurance for 2015
Vast majority of tax filers will simply “check the box” on their return

Know the ABCs of 1095 Forms

Type of Health Coverage	Federal Tax Form
Individual/Family coverage purchased through HSRI (or other exchange/marketplace)	Form 1095-A
Medicaid, Medicare or through your job if you work for a small employer (including SHOP coverage thru HSRI): and individual/family coverage purchased directly from a carrier	Form 1095-B
Through your job if you work for a Large Employer (Generally 50 +)	Form 1095-C

Most Taxpayers Will Simply Check the Box on Form 1040

Form 1040 Other Taxes section showing line 61 "full-year coverage" checked

Other Taxes				
57	Self-employment tax. Attach Schedule SE	57		
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58		
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
60a	Household employment taxes from Schedule H	60a		
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
61	Health care: individual responsibility (see Instructions) Full-year coverage <input checked="" type="checkbox"/>	61		
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions, enter code(s)	62		
63	Add lines 56 through 62. This is your total tax ▶	63		

If anyone in the taxpayer's household did not have minimum essential coverage for each month of the year, the taxpayer will claim a coverage exemption or calculate an individual shared responsibility payment.

Line 61 on Form 1040 – Many will just  the box

Form 1095-B for SHOP Enrollees

...What you need to know

- ◆ RI SHOP carriers plan to release forms in February* but taxpayers do NOT need to wait for their form to file their federal return
- ◆ Taxpayer can rely on other carrier information to complete Line 61
- ◆ If customer relies on other carrier information and then receives Form 1095-B with different information, taxpayer does NOT need to amend return
- ◆ Form 1095-B does NOT get attached to Form 1040/1040EZ
 - Proof of coverage not needed as part of return
 - Carrier submits coverage information directly to IRS
 - IRS will (ultimately) reconcile taxpayer response with info provided

Form 1095-B

Health Coverage

Department of the Treasury
Internal Revenue Service

Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

VOID

OMB No. 1545-0047

CORRECTED

2015

Part I Responsible Individual

1 Name of responsible individual		2 Social security number (SSN)	3 Date of birth (if SSN is not available)
4 Street address (including apartment no.)	5 City or town	6 State or province	7 Country and ZIP or foreign postal code
8 Enter letter identifying Origin of the Policy (see instructions for codes): A		9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable	

Part II Employer Sponsored Coverage (see instructions)

10 Employer name			11 Employer identification number (EIN)
12 Street address (including room or suite no.)	13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name		17 Employer identification number (EIN)	18 Contact telephone number
19 Street address (including room or suite no.)	20 City or town	21 State or province	22 Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual(s).)

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHOP code = A

Excellent Resources

- ◆ [Contact your CPA or tax professional](#)
- ◆ <https://www.healthcare.gov/taxes/>
- ◆ <http://www.irs.gov/Affordable-Care-Act>
- ◆ <http://www.healthreformbeyondthebasics.org/home/for-tax-preparers/>
- ◆ <http://economicprogressri.org/Issues/AffordableHealthCare/RIHealthCoverageProject/tabid/266/Default.aspx>
- ◆ <http://healthcarerightsri.org/resource-hub/2015-taxes-and-healthcare/>
- ◆ <http://healthsourceri.com/get-help-tax-season/>
HSRI has a special section on the website called, “Get Help During Tax Season” – available now