Health Coverage Exemptions

► Attach to Form 1040.

► Go to www.irs.gov/Form8965 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **75**

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

Your social security number

	olete this form if you have a ur return.	Marketplace-g	ranted co	veraç	ge ex	empt	tion c	r you	ı are	claim	ning a	a cov	erage	e exe	emptio	on		
Part	Marketplace-Granted have an exemption granted							you a	ınd/c	r a m	nemb	er of	your	tax h	nouse	ehold		
	(a) Name of Individual					(b) SSN						(c) Exemption Certificate Number						
1																		
2																		
3																		
4																		
5																		
•																		
6 Part	Coverage Exemption	s Claimed on	Your Reti	urn f	or Yo	ur H	ouse	hold										
	If you are claiming a coverage check here														▶ [
Part II	Coverage Evernations Claimed on Your Return for Individuals If you and/or a member of your tay																	
	(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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