Department of the Treasury

Health Coverage Exemptions

► Attach to Form 1040.

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

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption

OMB No. 1545-0074

Attachment Sequence No. **75**

Internal Revenue Service Name as shown on return

Your social security number

on your return. Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household Part I have an exemption granted by the Marketplace, complete Part I. (a) Name of Individual (c)
Exemption Certificate Number 3 5 Coverage Exemptions Claimed on Your Return for Your Household Part II If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax Part III household are claiming an exemption on your return, complete Part III. (a) Name of Individual (h) (i) (I) (m) (o) (p) (e) (g) Full Exemption SSN Oct Mar Νον Feb Apr Mav June Aug Sept Dec Jan July Туре Year 8 9 10 11 12