





Enter your last name XXXXXXXXXXXXXXXXXXXXXXXX

Enter your taxpayer identification number (TIN) 999999999

**PART III What coverage exemptions are you claiming for members of your shared responsibility family and for how many months? See instructions for exemption type(s).**

	Name of Individual	Taxpayer Identification Number (TIN)	Exemption Type	Number of Exempt Months Claimed
7	First name and M.I. XXXXXXXXXXXX X Last name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	X	XX
8	First name and M.I. XXXXXXXXXXXX X Last name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	X	XX
9	First name and M.I. XXXXXXXXXXXX X Last name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	X	XX
10	First name and M.I. XXXXXXXXXXXX X Last name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	X	XX
11	First name and M.I. XXXXXXXXXXXX X Last name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	X	XX
12	First name and M.I. XXXXXXXXXXXX X Last name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	X	XX

**PART IV Complete the applicable worksheets before completing Part IV.**

Round cents to nearest dollar. If amount is zero, leave line blank.

13	Enter flat dollar amount (see Worksheet A-1, Line 5 or Worksheet A-2, Line 7).....	13	999999.00
14	Enter the percentage income amount (see Worksheet B-1, Line 4 or Worksheet B-2, Line 14).....	14	999999.00
15	Enter the larger of Line 13 or Line 14 (If Lines 13 and 14 are the same, enter that number.).....	15	999999.00
16	Enter the District Average Bronze Plan Premium (see Worksheet C-1, Line 2 or Worksheet C-2, Line 2).....	16	999999.00
17	Enter the smaller of Line 15 or Line 16 here and on D-40, Line 25.....	17	999999.00