Health Coverage Exemptions

► Attach to Form 1040, Form 1040A, or Form 1040EZ.

987-67-1234

Your social security number

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

on your return.

▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

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

Attachment Sequence No. **75**

OMB No. 1545-0074

	have an exemption g	a	•			-	5						С			
	Name of Individual				SSN					Exemption Certificate Number						
1	Jane Doe					987-6	7-1234	1				pe	ending	1		
2																
3																
4																
5																
6																
				1												
	Are you claiming an exemption	ns for Your Ho												Yes		No
7a b	Are you claiming an exemption Are you claiming a hardship ex	n because your hou cemption because ns for Individua	usehold inco your gross i als Claime	ome is	belove is be	v the telow t	filing t he filir turn:	hresh ng thre If yo	old?.	d? .				Yes		No No
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