**Health Coverage Exemptions**

**Department of the Treasury**
**Internal Revenue Service**

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

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 on your return.

**Part I**  
**Marketplace-Granted Coverage Exemptions for Individuals:**  If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

- Name of Individual
- SSN
- Exemption Certificate Number

**Part II**  
**Coverage Exemptions for Your Household Claimed on Your Return:**

- Are you claiming an exemption because your household income is below the filing threshold? [ ] Yes [ ] No
- Are you claiming a hardship exemption because your gross income is below the filing threshold? [ ] Yes [ ] No

**Part III**  
**Coverage Exemptions for Individuals Claimed on Your Return:**  If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

- Name of Individual
- SSN
- Exemption Type
- Full Year
- Jan
- Feb
- Mar
- Apr
- May
- June
- July
- Aug
- Sept
- Oct
- Nov
- Dec

For Privacy Act and Paperwork Reduction Act Notice, see your tax return instructions.

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