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Affordable Care Act Tax Organizer

Tax Year _____

Business Hrs during Jan. 18- Apr. 18, 2016
 M-F: 8 a.m.-6 p.m.
 Sat.: 8 A.M.— 2 P.M.
 Sun.: By Appointment Only

The Affordable Care Act (ACA) requires that all individuals are required to have Health Insurance that meets the standards of Minimum Essential Coverage (MEC).

In order to prepare your tax return in accordance with federal laws relating to health insurance, we are required to gather certain information on all persons on your tax return or that you provide insurance for. We have compiled some of those questions on this form.

For each member of your household — Indicate the type of Health Insurance:

- (A) Insurance through “The Marketplace” (Provide Form 1095-A)
- (B) Alternate Government Health Insurance from Medicare (Provide 1099-SSA), Healthnet, Medicaid or Tri-Care
- (C) Qualified Employer –Provided Health Insurance (Provide Proof of Insurance, 1095-B, 1095-C)
- (D) Qualified Health Insurance purchased directly from an *agent or insurance company* (Provide Proof of Insurance , 1095-B, or 1095-C)

Full Name	Insurance Type Please Circle A B C D	Relationship	D.O.B.	Health Insurance Company	Covered All 12 Months?
	A B C D				Y or N
	A B C D				Y or N
	A B C D				Y or N
	A B C D				Y or N
	A B C D				Y or N
	A B C D				Y or N
	A B C D				Y or N

Comments/Explanations:

Minimum Essential Coverage (MEC) Includes:

- Ambulatory Services
- Hospitalization
- Pediatric Services
- Prescription
- Lab Fees
- Emergency Services
- Maternity and Care for New-Born Babies
- Preventive & Wellness Care
- Mental Health & Substance Abuse Services
- Rehabilitative Services & Devices

Signature: _____ Date: _____

**Taxpayers may only deduct medical expenses if they exceed 10% of Income
(7.5% if Taxpayer or Spouse is 65 or Older)**



How much did you spend on Health Insurance and Health Care Costs?

Insurance Costs		Paid To:	Premium Amount:
Medicare Part B	TP	SSA	
Medicare Part B	SP	SSA	
Group Health Plans			
Group Health Plans			
Health Insurance			
Health Insurance			
Dental/Vision Insurance			
Dental/Vision Insurance			
Long Term Care Ins.	TP		
Long Term Care Ins.	SP		
Total Insurance Costs:			

Other Medical Costs (Includes Co-Pays, Deductibles, Co-Insurance, and Out—Of—Pocket Costs:

Other Medical Costs:	Amount:
Prescriptions:	\$
Doctor:	\$
Dental:	\$
Hospital:	\$
Eye Doctor:	\$
Eye Glasses:	\$
Other:	\$
Other:	\$
Other:	\$
Mileage Costs-# of Miles:	

