

## Employee Information Request

(Keep for your records)

**2018**

Name(s) as shown on return

Tax ID Number

Dear client, please ask your employer to provide the following information. This information is required in order to complete the preparation of your 2018 federal income tax return.

Employee Name

Street Address

City, State, ZIP

Employer Name

Street Address

City, State, ZIP

Did the employer offer health coverage that provides "minimum essential coverage" as defined by the Affordable Care Act during 2018?

☐ YES

☐ NO. If NO, stop here.

NOTE: If employer offers any wellness programs, provide the employee's share of the premium he or she would pay if he or she received the maximum discount for any tobacco cessation programs, and did not receive any other discounts based on wellness programs.

How much would the employee have had to pay each month for the lowest cost plan for minimum essential coverage that covered only the employee? See NOTE above.

\$ \_\_\_\_\_ During which months was this coverage available to the employee? \_\_\_\_\_

How much would the employee have had to pay each month for the lowest cost plan for minimum essential coverage that would also have covered the employee's family? See NOTE above.

\$ \_\_\_\_\_ During which months was this coverage available to the employee? \_\_\_\_\_

Would the family coverage have covered the employee's spouse?

☐ YES

☐ NO