TAXABLE YEAR

2023

Health Coverage Exemptions and Individual Shared Responsibility Penalty

CALIFORNIA FORM

3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return	SSN or ITIN

Part I **Applicable Household Members.** List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

1	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
2	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
3	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
4	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
5	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
6	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
7	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
8	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
9	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
10	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
11	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
12	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3

Part II **Coverage Exemption Claimed on Your Tax Return for Your Household**

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See Instructions . . . . . ☐