

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