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Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095B for instructions and the latest information.

☐ VOID

OMB No. 1545-2252

☐ CORRECTED

2021

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name
JOHN

2 Social security number (SSN) or other TIN
123 - 55 - 6666

3 Date of birth (if SSN or other TIN is not available)
11/22/19XX

4 Street address (including apartment no.)
1234 VETERAN DR.

5 City or town
TOWNSVILLE

6 State or province
CALIFORNIA

7 Country and ZIP or foreign postal code
11111

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): ☐

9 Reserved

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name
DEPARTMENT OF VETERAN

11 Employer identification number (EIN)
22-XXXXXX

12 Street address (including room or suite no.)
9876 VETERAN DR.

13 City or town
WASHINGTON

14 State or province
DC

15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name

17 Employer identification number (EIN)

18 Contact telephone number

19 Street address (including room or suite no.)

20 City or town

21 State or province

22 Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s) First name, middle initial, last name			(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
						Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23	JOHN	DOE	1234-555-6666	11/22/19XX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B

Form **1095-B** (2021)



Category +

Note: To view your 1095-B after download, you may need the latest version of Adobe Acrobat Reader. It's free to download.

[Get Acrobat Reader for free from Adobe](#)

What do I need to do with my 1095-B?

For most people, nothing. Print your 1095-B and keep it with your other important tax information. While the 1095-B is no longer required to file your federal taxes, Veterans who live in certain states* may still be required to provide proof of insurance/health coverage or be penalized if they do not have the minimum coverage when they file their state taxes.

*States requiring proof of insurance as of January 2022: Massachusetts, New Jersey, Vermont, California, Rhode Island and District of Columbia (Washington D.C.)

What if my address or other information is incorrect on my 1095-B?

Call the enrollment center toll-free at **1-877-222-VETS (8387)** Monday through Friday, 8:00 am until 8:00 pm (EST). A representative will be happy to update your address in the system so that you can have a corrected version mailed to you or print it yourself.

More Information

Affordable Care Act

Find out what you need to know about the Affordable Care Act and learn why the 1095-B is provided for your health coverage.

Veteran Programs and Services

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