Tax Return Transcript

Request Date: 04-17-2016 Response Date: 04-17-2016 Tracking Number: XXXXXXXX SSN Provided: XXXXXXXXX Tax Period Ending: Dec. 31, 2015

The following items reflect the amount as shown on the return (PR), and the amount as adjusted

(PC), if applicable. They do not show subsequent activity on the account.

(PC), if applicable. They do not show subsequent activity on the account.	
Personal Information Section	
SPOUSE SSN:	
NAME(S) SHOWN ON RETURN:	
ADDRESS:	
FILING STATUS:	
FORM NUMBER:	
CYCLE POSTED: **Use same format here as Tax Period Ending: Mon DD, YYYY	
RECEIVED DATE:	
REMITTANCE:	
EXEMPTION NUMBER:	0
DEPENDENT 1 NAME CTRL:	
DEPENDENT 1 SSN:	
DEPENDENT 2 NAME CTRL:	
DEPENDENT 2 SSN:	
DEPENDENT 3 NAME CTRL:	
DEPENDENT 3 SSN:	
DEPENDENT 4 NAME CTRL:	
DEPENDENT 4 SSN:	
PTIN:	
PREPARER EIN:	
I NEI ZWEN EIN.	
Income Section	
WAGES, SALARIES, TIPS, ETC:	
TAXABLE INTEREST INCOME: SCH B:	
TAX-EXEMPT INTEREST:	
ORDINARY DIVIDEND INCOME: SCH B:	
QUALIFIED DIVIDENDS:	
REFUNDS OF STATE/LOCAL TAXES:	
ALIMONY RECEIVED:	
BUSINESS INCOME OR LOSS (Schedule C):	
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER: Change to 'Adjusted per IRS' instead of 'per computer;	
CAPITAL GAIN OR LOSS: (Schedule D):	
CAPITAL GAINS OR LOSSES (Form 4797):	
TOTAL IRA DISTRIBUTIONS:	
TOTAL PENSIONS AND ANNUITIES:	
TAXABLE PENSION AND ANNUITIES:	
TAXABLE PENSION/ANNUITY AMOUNT:	
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):	
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:	
RENT/ROYALTY INCOME/LOSS PER COMPUTER:	
ESTATE/TRUST INCOME/LOSS PER COMPUTER:	
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:	
FARM INCOME OR LOSS (Schedule F):	
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:	
UNEMPLOYMENT COMPENSATION:	
TOTAL SOCIAL SECURITY BENEFITS:	
TAXABLE SOCIAL SECURITY BENEFITS:	
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	
OTHER INCOME:	
SCHEDULE EIC SE INCOME PER COMPUTER:	
POLITEDOE LICOL INCOME LENCOM OTEN.	

SCHEDULE EIC EARNED INCOME PER COMPUTER:	
SCH EIC DISQUALIFIED INC COMPUTER:	
TOTAL INCOME:	
TOTAL INCOME PER COMPUTER: !	
Adjustments to Income	
EDUCATOR EXPENSES:	
EDUCATOR EXPENSES PER COMPUTER:	
RESERVIST AND OTHER BUSINESS EXPENSE:	
HEALTH SAVINGS ACCT DEDUCTION:	
HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:	
MOVING EXPENSES: FORM 3903:	
SELF EMPLOYMENT TAX DEDUCTION:	
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:	
KEOGH/SEP CONTRIBUTION DEDUCTION:	
SELF-EMP HEALTH INS DEDUCTION:	
SELF-EMP HEALTH INS DEDUCTION:	
EARLY WITHDRAWAL OF SAVINGS PENALTY:	
ALIMONY PAID SSN:	
ALIMONY PAID:	
IRA DEDUCTION:	
IRA DEDUCTION PER COMPUTER:	
STUDENT LOAN INTEREST DEDUCTION:	
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER: TUITION AND FEES DEDUCTION:	
TUITION AND FEES DEDUCTION PER COMPUTER:	
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:	
OTHER ADJUSTMENTS:	
ARCHER MSA DEDUCTION:	
ARCHER MSA DEDUCTION PER COMPUTER:	
TOTAL ADJUSTMENTS:	
TOTAL ADJUSTMENTS PER COMPUTER:	
ADJUSTED GROSS INCOME:	
ADJUSTED GROSS INCOME PER COMPUTER:	
RECOMPUTED ADJUSTED GROSS INCOME PER COMPUTER:	
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Tax and Credits Section	
65-OR-OVER:	
BLIND:	
SPOUSE 65-OR-OVER:	
SPOUSE BLIND:	
STANDARD DEDUCTION PER COMPUTER:	
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:	
TAX TABLE INCOME PER COMPUTER:	
EXEMPTION AMOUNT PER COMPUTER:	
TAXABLE INCOME:	
TAXABLE INCOME PER COMPUTER:	
RECOMPUTED TAXABLE INCOME PER COMPUTER:	
TOTAL POSITIVE INCOME PER COMPUTER:	
TENTATIVE TAX:	
TENTATIVE TAX PER COMPUTER:	
RECOMPUTED TENTATIVE TAX PER COMPUTER:	
FORM 8814 ADDITIONAL TAX AMOUNT:	
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:	
FORM 6251 ALTERNATIVE MINIMUM TAX:	
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:	
RECOMPUTED FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:	
FOREIGN TAX CREDIT:	
FOREIGN TAX CREDIT PER COMPUTER:	
FOREIGN INCOME EXCLUSION PER COMPUTER:	
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:	
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:	
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:	

RECOMPUTED EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT	
PER COMPUTER:	
CHILD & DEPENDENT CARE CREDIT:	
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	
CREDIT FOR ELDERLY AND DISABLED:	
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	
EDUCATION CREDIT:	
EDUCATION CREDIT PER COMPUTER:	
GROSS EDUCATION CREDIT PER COMPUTER:	
SAMPLE	
RETIREMENT SAVINGS CNTRB CREDIT:	
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	
PRIM RET SAV CNTRB: F8880 LN6A:	
SEC RET SAV CNTRB: F8880 LN6B:	
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:	
RESIDENTIAL ENERGY CREDIT:	
RESIDENTIAL ENERGY CREDIT PER COMPUTER:	
CHILD TAX CREDIT:	
CHILD TAX CREDIT PER COMPUTER:	
ADOPTION CREDIT: F8839:	
ADOPTION CREDIT PER COMPUTER:	
FORM 8369 MORTGAGE CERTIFICATE CREDIT:	
FORM 8369 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:	
F3800, F8801 AND OTHER CREDIT AMOUNT:	
FORM 3800 GENERAL BUSINESS CREDITS:	
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:	
PRIOR YR MIN TAX CREDIT: F8801:	
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:	
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:	
F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:	
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:	
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:	
OTHER CREDITS:	
TOTAL CREDITS:	
TOTAL CREDITS PER COMPUTER:	
RECOMPUTED TOTAL CREDITS PER COMPUTER:	
INCOME TAX AFTER CREDITS PER COMPUTER:	
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Other Taxes Section	

Other Taxes Section	
Self Employment TAX:	
Self Employment TAX PER COMPUTER:	
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:	
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:	
TAX ON QUALIFIED PLANS FORM 5329 (PR):	
TAX ON QUALIFIED PLANS FORM 5329 PER COMPUTER:	
IRAF TAX PER COMPUTER:	
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:	
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:	
OTHER TAXES PER COMPUTER:	
UNPAID FICA ON REPORTED TIPS:	
OTHER TAXES:	
RECAPTURE TAX: F8611:	
HOUSEHOLD EMPLOYMENT TAXES:	
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:	
RECAPTURE TAXES:	
TOTAL ASSESSMENT PER COMPUTER:	
TOTAL TAX LIABILITY TP FIGURES:	
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:	

Payments Section	
FEDERAL INCOME TAX WITHHELD:	

HEALTH CARE: INDIVIDUAL RESPONSIBILITY:	
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:	
COBRA PREMIUM SUBSIDY:	
ESTIMATED TAX PAYMENTS:	
OTHER PAYMENT CREDIT:	
REFUNDABLE EDUCATION CREDIT:	
REFUNDABLE EDUCATION CREDIT PER COMPUTER:	
REFUNDABLE EDUCATION CREDIT VERIFIED:	
EARNED INCOME CREDIT:	
EARNED INCOME CREDIT PER COMPUTER:	
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:	
SCHEDULE 8812 NONTAXABLE COMBAT PAY:	
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:	
SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:	
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:	
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:	
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:	
AMOUNT PAID WITH FORM 4868:	
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:	
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:	
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:	
HEALTH COVERAGE TX CR: F8885:	
PREMIUM TAX CREDIT AMOUNT:	
PREMIUM TAX CREDIT VERIFIED AMOUNT:	
PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:	
SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:	
FIRST TIME HOME BUYER CREDIT REPAYMENT:	
FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:	
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:	
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):	
FORM 2439 AND OTHER CREDITS:	
TOTAL PAYMENTS:	
TOTAL PAYMENTS PER COMPUTER:	
Refund or Amount Owed Section	
REFUND AMOUNT:	

Refund or Amount Owed Section	
REFUND AMOUNT:	
APPLIED TO NEXT YEAR'S ESTIMATED TAX:	
ESTIMATED TAX PENALTY:	
TAX ON INCOME LESS STATE REFUND PER COMPUTER:	
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:	
BAL DUE/OVER PYMT USING COMPUTER FIGURES:	
FORM 8888 TOTAL REFUND PER COMPUTER:	

Third Party Designee Section	
THIRD PARTY DESIGNEE ID NUMBER:	
AUTHORIZATION INDICATOR:	
THIRD PARTY DESIGNEE NAME:	

Schedule AItemized Deductions Section	
MEDICAL/DENTAL	
MEDICAL AND DENTAL EXPENSES:	
ADJUSTED GROSS INCOME PERCENTAGE:	
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 10 PERCENT:	
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 7.5 PERCENT:	
NET MEDICAL DEDUCTION:	
NET MEDICAL DEDUCTION PER COMPUTER:	
TAXES PAID	
STATE AND LOCAL INCOME TAXES:	
INCOME TAX OR GENERAL SALES TAX:	
REAL ESTATE TAXES:	

PERSONAL PROPERTY TAXES: OTHER TAXES AMOUNT: SCH A TAX DEDUCTIONS: SCH A TAX PER COMPUTER: INTEREST PAID MORTGAGE INTEREST (FINANCIAL): MORTGAGE INTEREST (INDIVIDUAL): DEDUCTIBLE POINTS: QUALIFIED MORTGAGE INSURANCE PREMIUMS: DEDUCTIBLE POINTS: QUALIFIED MORTGAGE INSURANCE PREMIUMS: DEDUCTIBLE INVESTMENT INTEREST: TOTAL INTEREST DEDUCTION: TOTAL INTEREST DEDUCTION PER COMPUTER: CHARITABLE CONTRIBUTIONS CASH CONTRIBUTIONS: OTHER THAN CASH: Form \$283: CARRYOVER FROM PRIOR YEAR: SCH A TOTAL CONTRIBUTIONS: SCH A TOTAL CONTRIBUTIONS PER COMPUTER: CASUALTY OR THEFT LOSS: JOBS AND MISCELLANEOUS UNREIMBURSED EMPLOYEE EXPENSE AMOUNT: TOTAL LIMITED MISC DEDUCTION PER COMPUTER: OTHER ILMITED MISC DEDUCTION PER COMPUTER: OTHER ILMITED MISC DEDUCTION PER COMPUTER: OTHER MISCELLANEOUS UNREIMBURSED EMPLOYEE EXPENSE AMOUNT: TOTAL LIMITED MISC DEDUCTION PER COMPUTER: OTHER MISCELLANEOUS OTHER THAN GAMBLING AMOUNT: OTHER MISCELLANEOUS OTHER THAN GAMBLING AMOUNT: OTHER MISC DEDUCTIONS TOTAL ITEMIZED DEDUCTIONS TOTAL ITEMIZED DEDUCTIONS TOTAL ITEMIZED DEDUCTIONS TOTAL ITEMIZED DEDUCTIONS PER COMPUTER: RECOMPUTED TOTAL ITEMIZED DEDUCTION PER COMPUTER: RECOMPUTED TOTAL ITEMIZED PERCENTAGE PER COMPUTER: ELECT ITEMIZED DEDUCTIONS PER COMPUTER: ELECT ITEMIZED PERCENTAGE PER COMPUTER:		
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EMPLOYER ID NUMBER:	
BUSINESS NAME:	
DESCRIPTION OF BUSINESS/PROFESSION:	
NAICS CODE:	
ACCT WTHD:	
FIRST TIME SCHEDULE C FILED:	
STATUTORY EMPLOYEE IND:	
Schedule C: INCOME	
GROSS RECEIPTS OR SALES:	
RETURNS AND ALLOWANCES:	
NET GROSS RECEIPTS:	
COST OF GOOD SOLD:	
SCHEDULE C FORM 1099 REQUIRED:	
SCHEDULE C FORM 1099 FILED:	
OTHER INCOME:	
Schedule C: EXPENSES	
CAR AND TRUCK EXPENSES:	
DEPRECIATION:	
INSURANCE (OTHER THAN HEALTH):	
MORTGAGE INTEREST:	
LEGAL AND PROFESSIONAL SERVICES:	
REPAIRS AND MAINTENANCE:	·
TRAVEL:	·
MEALS AND ENTERTAINMENT:	
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American Opportunity and Lifetime Learning Credits	CHILD 2 CHILD'S NAME CNTRL: SSN: YEAR OF BIRTH: STUDENT/DISABLED: NUMBER OF MONTHS CHILD LIVED WITH YOU: CHILD'S RELATIONSHIP TO YOU: CHILD 3 CHILD'S NAME CNTRL: SSN: YEAR OF BIRTH: STUDENT/DISABLED: NUMBER OF MONTHS CHILD LIVED WITH YOU:	
American Opportunity and Lifetime Learning Credits	CHILD 2 CHILD'S NAME CNTRL: SSN: YEAR OF BIRTH: STUDENT/DISABLED: NUMBER OF MONTHS CHILD LIVED WITH YOU: CHILD'S RELATIONSHIP TO YOU: CHILD 3 CHILD'S NAME CNTRL: SSN: YEAR OF BIRTH: STUDENT/DISABLED:	
American Opportunity and Lifetime Learning Credits	CHILD 2 CHILD'S NAME CNTRL: SSN: YEAR OF BIRTH: STUDENT/DISABLED: NUMBER OF MONTHS CHILD LIVED WITH YOU: CHILD'S RELATIONSHIP TO YOU: CHILD 3 CHILD'S NAME CNTRL: SSN: YEAR OF BIRTH: STUDENT/DISABLED: NUMBER OF MONTHS CHILD LIVED WITH YOU:	
	CHILD 2 CHILD'S NAME CNTRL: SSN: YEAR OF BIRTH: STUDENT/DISABLED: NUMBER OF MONTHS CHILD LIVED WITH YOU: CHILD'S RELATIONSHIP TO YOU: CHILD 3 CHILD'S NAME CNTRL: SSN: YEAR OF BIRTH: STUDENT/DISABLED: NUMBER OF MONTHS CHILD LIVED WITH YOU: CHILD'S RELATIONSHIP TO YOU:	
PART III – ALLOWABLE FOLICATION CREDITS	CHILD 2 CHILD'S NAME CNTRL: SSN: YEAR OF BIRTH: STUDENT/DISABLED: NUMBER OF MONTHS CHILD LIVED WITH YOU: CHILD'S RELATIONSHIP TO YOU: CHILD 3 CHILD'S NAME CNTRL: SSN: YEAR OF BIRTH: STUDENT/DISABLED: NUMBER OF MONTHS CHILD LIVED WITH YOU: CHILD'S RELATIONSHIP TO YOU: WIMBER OF MONTHS CHILD LIVED WITH YOU: CHILD'S RELATIONSHIP TO YOU: Form 8863 — Education Credits Section:	
	CHILD 2 CHILD'S NAME CNTRL: SSN: YEAR OF BIRTH: STUDENT/DISABLED: NUMBER OF MONTHS CHILD LIVED WITH YOU: CHILD'S RELATIONSHIP TO YOU: CHILD 3 CHILD'S NAME CNTRL: SSN: YEAR OF BIRTH: STUDENT/DISABLED: NUMBER OF MONTHS CHILD LIVED WITH YOU: CHILD'S RELATIONSHIP TO YOU: WIMBER OF MONTHS CHILD LIVED WITH YOU: CHILD'S RELATIONSHIP TO YOU: Form 8863 — Education Credits Section:	
GROSS EDUCATION CR PER COMPUTER:	CHILD'S NAME CNTRL: SSN: YEAR OF BIRTH: STUDENT/DISABLED: NUMBER OF MONTHS CHILD LIVED WITH YOU: CHILD'S RELATIONSHIP TO YOU: CHILD 3 CHILD'S NAME CNTRL: SSN: YEAR OF BIRTH: STUDENT/DISABLED: NUMBER OF MONTHS CHILD LIVED WITH YOU: CHILD'S RELATIONSHIP TO YOU: CHILD'S RELATIONSHIP TO YOU: Form 8863 — Education Credits Section:	
TOTAL EDUCATION CREDIT AMOUNT:	CHILD 2 CHILD'S NAME CNTRL: SSN: YEAR OF BIRTH: STUDENT/DISABLED: NUMBER OF MONTHS CHILD LIVED WITH YOU: CHILD'S RELATIONSHIP TO YOU: CHILD 3 CHILD'S NAME CNTRL: SSN: YEAR OF BIRTH: STUDENT/DISABLED: NUMBER OF MONTHS CHILD LIVED WITH YOU: CHILD'S NAME CNTRL: SSN: YEAR OF BIRTH: STUDENT/DISABLED: NUMBER OF MONTHS CHILD LIVED WITH YOU: CHILD'S RELATIONSHIP TO YOU: Form 8863 — Education Credits Section: American Opportunity and Lifetime Learning Credits PART III — ALLOWABLE EDUCATION CREDITS	

TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:	
Form 8867 Paid Preparer's Earned Income Credit Section	
Checklist	
TAXPAYER QUALIFYING CHILD OF ANOTHER:	
CHILD 1 RELATIONSHIP TO TAXPAYER:	
CHILD 2 RELATIONSHIP TO TAXPAYER:	
CHILD 3 RELATIONSHIP TO TAXPAYER:	
SAMPLE	
CHILD 1 LIVE WITH TAXPAYER:	
CHILD 2 LIVE WITH TAXPAYER:	
CHILD 3 LIVE WITH TAXPAYER:	
CHILD 1 CLAIMED BY OTHER PERSON:	
CHILD 2 CLAIMED BY OTHER PERSON:	
CHILD 3 CLAIMED BY OTHER PERSON:	
CHILD 1 RELATIONSHIP TO OTHERS:	
CHILD 2 RELATIONSHIP TO OTHERS:	
CHILD 3 RELATIONSHIP TO OTHERS:	
CHILD 1 TIEBREAKER RULES:	
CHILD 2 TIEBREAKER RULES:	
CHILD 3 TIEBREAKER RULES:	
FORM 8867 INFORMATION PROVIDED BY TAXPAYER:	
PARENTS NOT CLAIMING CHILD:	
TIEBREAKER RULES EXPLAINED:	
ADDITIONAL QUESTIONS TO MEET KNOWLEDGE REQUIREMENT:	

Form 8962 Premium Healthcare Tax Credits Section

DOCUMENTS OF OTHER INFORMATION TO CONFIRM EXISTENCE OF BUSINESS:

ADDITIONAL QUESTIONS DOCUMENTED: RESIDENCY OF QUALIFYING CHILD/CHILDREN: DISABILITY OF QUALIFYING CHILD/CHILDREN:

Married Filing Separately Premium Tax Credit Exception Checkbox Indicator:	
FEDERAL POVERTY LEVEL CHECKBOX:	
DEPENDENTS' MODIFIED AGI:	
MONTHLY CONTRIBUTION FOR HEALTH CARE:	
ANNUAL PREMIUM:	
ANNUAL PREMIUM SLCSP:	
ANNUAL ADVANCE PAYMENT OF PTC:	
JANUARY MONTHLY PREMIUM:	
JANUARY MONTHLY PREMIUM SLCSP:	
JANUARY MONTHLY ADVANCE PTC:	
FEBRUARY MONTHLY PREMIUM:	
FEBRUARY MONTHLY PREMIUM SLCSP:	
FEBRUARY MONTHLY ADVANCE PTC:	
MARCH MONTHLY PREMIUM:	
MARCH MONTHLY PREMIUM SLCSP:	
MARCH MONTHLY ADVANCE PTC:	
APRIL MONTHLY PREMIUM:	
APRIL MONTHLY PREMIUM SLCSP:	
APRIL MONTHLY ADVANCE PTC:	
MAY MONTHLY PREMIUM:	
MAY MONTHLY PREMIUM SLCSP:	
MAY MONTHLY ADVANCE PTC:	
JUNE MONTHLY PREMIUM:	
JUNE MONTHLY PREMIUM SLCSP:	
JUNE MONTHLY ADVANCE PTC:	
JULY MONTHLY PREMIUM:	
JULY MONTHLY PREMIUM SLCSP:	
JULY MONTHLY ADVANCE PTC:	
AUGUST MONTHLY PREMIUM:	
AUGUST MONTHLY PREMIUM SLCSP:	

AUGUST MONTHLY ADVANCE PTC:	
SEPTEMBER MONTHLY PREMIUM:	
SEPTEMBER MONTHLY PREMIUM SLCSP:	
SEPTEMBER MONTHLY ADVANCE PTC:	
OCTOBER MONTHLY PREMIUM:	
OCTOBER MONTHLY PREMIUM SLCSP:	
OCTOBER MONTHLY ADVANCE PTC:	
NOVEMBER MONTHLY PREMIUM:	
NOVEMBER MONTHLY PREMIUM SLCSP:	
NOVEMBER MONTHLY ADVANCE PTC:	
DECEMBER MONTHLY PREMIUM:	
DECEMBER MONTHLY PREMIUM SLCSP:	
DECEMBER MONTHLY ADVANCE PTC:	
TOTAL PREMIUM TAX CREDIT:	
NET PREMIUM TAX CREDIT:	

Form 8965 Healthcare Exemption Credits Section	
HOUSEHOLD INCOME BELOW FILING THRESHOLD EXEMPTION	
SSN INDIVIDUAL 1:	
EXEMPTION INDIVIDUAL 1:	
FULL YEAR INDICATOR INDIVIDUAL 1:	
MONTH INDICATOR INDIVIDUAL 1 – MONTHS CHECKED:	
SSN INDIVIDUAL 2:	
EXEMPTION INDIVIDUAL 2:	
FULL YEAR INDICATOR INDIVIDUAL 2:	
MONTH INDICATOR INDIVIDUAL 2 – MONTHS CHECKED:	
SSN INDIVIDUAL 3:	
EXEMPTION INDIVIDUAL 3:	
FULL YEAR INDICATOR INDIVIDUAL 3:	
MONTH INDICATOR INDIVIDUAL 3 – MONTHS CHECKED:	
SSN INDIVIDUAL 4:	
EXEMPTION INDIVIDUAL 4:	
FULL YEAR INDICATOR INDIVIDUAL 4:	
MONTH INDICATOR INDIVIDUAL 4 – MONTHS CHECKED:	
SSN INDIVIDUAL 5:	
EXEMPTION INDIVIDUAL 5:	
FULL YEAR INDICATOR INDIVIDUAL 5:	
MONTH INDICATOR INDIVIDUAL 5 – MONTHS CHECKED:	
SSN INDIVIDUAL 6:	
EXEMPTION INDIVIDUAL 6:	
FULL YEAR INDICATOR INDIVIDUAL 6:	
MONTH INDICATOR INDIVIDUAL 6 – MONTHS CHECKED:	

This Product Contains Sensitive Taxpayer Data