



Important: Print in CAPITAL letters using black ink. File with your D-40.

OFFICIAL USE ONLY Vendor ID#0000

Personal information

Your daytime telephone number

Grid for telephone number

Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY) Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)

Grid for TIN and Date of Birth

Your first name M.I. Last name

Grid for your name

Spouse's/registered domestic partner's first name M.I. Last name

Grid for spouse's name

Mailing address (number, street and suite/apartment number if applicable)

Grid for mailing address

Grid for mailing address

City State Zip Code +4

Grid for city, state, and zip code

PART I Do you have qualifying health coverage?

1 Did you and, if applicable, all members of your health care shared responsibility family have qualifying health coverage for every month in 2024?

- Yes. STOP. You do not owe a health care shared responsibility payment and do not need to complete a Schedule HSR.
No. If you answered No, complete Part II.

PART II Do you have an exemption?

2 Can someone else claim you as a dependent on their federal income tax return for 2024?

- Yes. Proceed to Part IV. See instructions.
No.

3 Was your federal adjusted gross income below the applicable filing threshold for your filing status for 2024? See instructions.

- Yes. Proceed to Part IV. See instructions.
No.

4 Was your federal adjusted gross income reported on your D-40, Line 4 for 2024 equal to or less than \$33,433.20?

- Yes. Proceed to Part IV. See instructions.
No.

If you answered Yes to any of questions 2 - 4, enter zero on Line 25 of your D-40. If not, continue by answering questions 5 - 6.

5 Do you affirm under the penalties of perjury that you or any member of your health care shared responsibility family lacked qualifying health coverage in 2024 on the basis of a sincerely held religious belief during the entire taxable year?

- Yes. You must complete Part III before completing Part IV.
No.

6 Are you claiming an exemption (other than a sincerely held religious belief) for at least one month for 2024 for yourself or any member of your health care shared responsibility family?

- Yes. You must complete Part III before completing Part IV.
No.

After answering questions 5 - 6, complete Part IV to determine the amount to enter on Line 25 of your D-40. If you answered yes to question 5 or 6, you must also complete Part III.

