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Almost every form and publication also has its own easily accessible information page on IRS.gov. For example, the Form 1040 page is at IRS.gov/form1040; the Form W-2 page is at IRS.gov/w2; the Publication 17 page is at IRS.gov/pub17; the Form W-4 page is at IRS.gov/w4; the Form 8863 page is at IRS.gov/form8863; and the Schedule A (Form 1040) page is at IRS.gov/schedulea. If typing in the links above instead of clicking on them: type the link into the address bar of your browser, not in a Search box; the text after the slash must be lowercase; and your browser may require the link to begin with "www.". Note that these are shortcut links that will automatically go to the actual link for the page.

If you wish, you can submit comments about draft or final forms, instructions, or publications on the <u>Comment on Tax Forms and Publications</u> page on IRS.gov. We cannot respond to all comments due to the high volume we receive, but we will carefully consider each one. Please note that we may not be able to consider many suggestions until the subsequent revision of the product.

Form **1095-A**

Health Insurance Marketplace Statement

OMB No. XXXX-XXXX

Department of the Treasury Internal Revenue Service		nformation about Form 1095-A and its separate instructions at www.irs.gov/form1095a.			CORRECTED	2014
Part I Recip	ient Information					
1 Marketplace identifier 2 Marketplace-assigned policy number		3 Policy issuer's name				
4 Recipient's name	NR	Λ	FT	5 Recipient's SSN	6 Recip	ient's date of birth
7 Recipient's spous	e's name			8 Recipient's spous	e's SSN 9 Recip	ient's spouse's date of birth
10 Policy start date		11 Policy te	rmination date	12 Street address (in	cluding apartment no.)	
13 City or town	JU	14 State or	province	15 Country and ZIP of	or foreign postal code	
Part II Cover	rage Household			, —		
A. (Covered Individual Name		B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
16						
17						
18						
19						

Part III Household Information

20

Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
21 January			
22 February			
23 March			
24 April			
25 May			
26 June			
27 July			
28 August			
29 September			
30 October			
31 November			
32 December			
33 Annual Totals			T 1005 A /00