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Early releases of draft forms and instructions are at <u>IRS.gov/draftforms</u>. Please note that drafts may remain on IRS.gov even after the final release is posted at <u>IRS.gov/downloadforms</u>, and thus may not be removed until there is a new draft for the subsequent revision. All information about all revisions of all forms, instructions, and publications is at <u>IRS.gov/formspubs</u>.

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.



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Health Coverage Exemptions

OMB No. 1545-0074

► Attach to Form 1040, Form 1040A, or Form 1040EZ.

▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

20 15 Attachment Sequence No. 75

Your social security number

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

| Part | Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I. | | | | | | | | | | | | | | | | | |
|--------|---|----------------|--------------------------|---------------------|------------|------------|------------|------------|------------|-------------------------------------|-------------|------------|-------------|------------|------------|------------|--|--|
| | (a) Name of Individual | | | (b) SSN | | | | | | (c) Exemption Certificate Number | | | | | | | | |
| _1 | August | | | | | 4, 2 | | | | | 015 | | | | | | | |
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| Part | Coverage Exemption | s Claimed on ` | Your Retu | urn fo | or Yo | our H | ouse | hold | | | | | | | | | | |
| 7a | Are you claiming an exemption because your household income is below the filing threshold? Yes 🗌 No | | | | | | | | | | | | | | | No | | |
| b | Are you claiming a hardship exe | | | | | | | | | | | | | Yes | | No | | |
| Part I | Coverage Exemption household are claiming | | | | | | | | u and | d/or a | a mer | nber | of yo | our ta | IX | | | |
| | (a) Name of Individual | (b) SSN | (c) Exemption Type | (d) Full Year | (e) Jan | (f) Feb | (g) Mar | (h) Apr | (i) May | (j) June | (k) July | (l) Aug | (m) Sept | (n) Oct | (o) Nov | (p) Dec | | |
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