





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

OFFICIAL USE ONLY **Vendor ID**#0002

Demonstration and the second s						
	sonal information daytime telephone number					
Your	taxpayer identification number (TIN) and Date of Birth (MMDDYYYY) Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)					
Your	first name M.I. Last name					
Spor	se's/registered domestic partner's first name M.I. Last name					
NA :11						
Iviaiii	ng address (number, street and suite/apartment number if applicable)					
City	State Zip Code +4					
O.C.						
DAF						
PAF	RT 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 <b>2022</b> ?					
	Yes. STOP. You do not owe a health care shared responsibility payment and do not need to complete a Schedule HSR. (Enter zero on Line 25 of your D-40)  No. If you answered No, complete Part II.					
PART II Do you have an exemption?						
2	·					
3	Was your federal adjusted gross income below the applicable filing threshold for your filing status for 2022? 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 2022 equal to or less than \$30,169.80  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 2022 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 2022 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.						



Enter your last name						
Enter your taxpayer identification number (TIN)						
PART III What coverage exemptions are you claiming for members of your shared responsibility family and for how many months? See instructions for exemption type(s).						
	Name of Individual	Taxpayer Identification Number (TIN)	Exemption Num Type of Exe Mor Clair	empt nths		
7	First name and M.I.  Last name					
8	First name and M.I.  Last name					
9	First name and M.I.  Last name					
10	First name and M.I.  Last name					
11	First name and M.I.  Last name					
12	First name and M.I.  Last name					
P/	ART IV Complete the applicable worksheets before the applicable worksheet workshee	eting Part IV. Round cents	to nearest dollar. o, leave line blank.			
13	Enter flat dollar amount (see Worksheet A-1, Line 5 or Worksheet A-2, Line 7)	13 \$	.0	00		
14	Enter the percentage income amount (see Worksheet B-1, Line 4 or Worksheet B	-2, Line 14) 14 \$	.0	00		
15	Enter the larger of Line 13 or Line 14 (If Lines 13 and 14 are the same, enter that	at number.) 15 \$	.0	00		
16	Enter the District Average Bronze Plan Premium (see Worksheet C-1, Line 2 or W Line 2)	16 \$		00		
17	Enter the smaller of Line 15 or Line 16 here and on D-40, Line 25	17 \$	.0	00		