

SCHEDULE HSR DC Health Care Shared Responsibility



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

OFFICIAL USE ONLY Vendor ID#0002

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 first name, M.I., and last name

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

Grid for spouse's name, M.I., and last 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 2023?

- 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 2023?

- 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 2023? 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 2023 equal to or less than \$32,367.60

- 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 2023 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 2023 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.

