

## **Retrieving Your 1095-A Information**



- 1. Call the Marketplace at 1-800-318-2596.
- 2. You will need to provide the representative with your information before they can assist you. When they ask how they can help you, explain that you are trying to get information from your 1095-A for the tax year being prepared.
- 3. Ask the representative to read the 1095-A information from the form, box by box, which you can write down in the appropriate boxes of the blank 1095-A form (located on the back of this document).
- 4. You can also request 1095-A information for prior years if you need to complete your taxes from prior years.
- 5. Once the representative has finished giving you the information, request a mailed copy of the 1095-A form. Make sure the Marketplace has your most up-to-date, accurate mailing address.
- 6. Your tax preparer will use the 1095-A information to complete the 8962 portion of your taxes. If you have any questions connected to your Marketplace insurance, please contact the Health Coverage team for an appointment!

## Form **1095-A**

## **Health Insurance Marketplace Statement**

/OID	

OMI	B No.	1545-	-2232

Department of the Treasury Internal Revenue Service Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095A for instructions and the latest information.

CORRECTED

2023

Part I Recipient Inform	nation									
1 Marketplace identifier	lace identifier 2 Marketplace-assigned policy number				r	3 Policy issuer's name				
4 Recipient's name						5 Recipient's SSN		6 Rec	6 Recipient's date of birth	
7 Recipient's spouse's name						8 Recipient's spous	e's SSN	9 Rec	9 Recipient's spouse's date of birth	
10 Policy start date 11 Policy termination date			rmination date			12 Street address (including apartment no.)				
13 City or town	13 City or town 14 State or provin		province	rovince		15 Country and ZIP or foreign postal code				
Part II Covered Individ	uals									
A. Covered individual name		B. Covered individual SSN		C.	C. Covered individual date of birth		overage start date	E. Coverage termination date		
16										
17										
18										
19										
20										
Part III Coverage Inform	nation				•					
Month	A. Mor	A. Monthly enrollment premiums		<b>B.</b> Month	thly second lowest cost silver blan (SLCSP) premium			C. Monthly advance payment of premium tax credit		
21 January										
22 February										
23 March										
24 April										
<b>25</b> May										
<b>26</b> June										
<b>27</b> July										
28 August										
29 September										
30 October										
31 November										
32 December										
33 Annual Totals										