TAXABLE YEAR

2023

CALIFORNIA FORM

## Health Coverage Exemptions and Individual Shared Responsibility Penalty

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Name(s) as shown on your California tax return

SSN or ITIN

**Part I** Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

	Definicate Number (EON) granted by the N				
	First Name <b>●</b>	Initial	SSN ●	Date of Birth (mm/dd/yyyy)	Modified AGI
1	Last Name		ECN 1	ECN 2 ●	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
2	Last Name ●		ECN 1  ●	ECN 2 ●	ECN 3 ●
_	First Name ●	Initial	SSN ●	Date of Birth (mm/dd/yyyy)	Modified AGI
3	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
4	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
5	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
6	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
7	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
8	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
9	Last Name		ECN 1	ECN 2	ECN 3
	First Name ●	Initial	SSN ●	Date of Birth (mm/dd/yyyy)	Modified AGI
10	Last Name		ECN 1	ECN 2	ECN 3 ●
	First Name	Initial	SSN ●	Date of Birth (mm/dd/yyyy)	Modified AGI
11	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
12	Last Name	1	ECN 1	ECN 2	ECN 3

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

1	If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check	
	the box here. See instructions	. 💿

Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

		Coverage and Exemption Codes													
			(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(I) Nov	(m) Dec
	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
1	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
•	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
2	Last Name		]	•	•	•	•	•	•	•	•	•	•	•	•
<u> </u>	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
3	Last Name		]	•	•	•	•	•	•	•	•	•	•	•	•
4	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
4	Last Name O			•	•	•	•	•	•	•	•	•	•	•	•
5	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
J	Last Name   O			•	•	•	•	•	•	•	•	•	•	•	•
_	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
6	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
7	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
7	Last Name  O			•	•	•	•	•	•	•	•	•	•	•	•
8	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
0	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
9	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
9	Last Name     Output   Description:			•	•	•	•	•	•	•	•	•	•	•	•
10	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
10	Last Name ●			•	•	•	•	•	•	•	•	•	•	•	•
11	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
10	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
12	Last Name			•	•	•	•	•	•	•	•	•	•	•	•

Part IV Individual Shared Responsibility Penalty

1	Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.	
	See instructions	