REQUIRED If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040	Social Security Number

Schedule NJ-HCC Health Care Coverage 2025

If your income on line 29 is at or below the filing threshold (see instructions), do not complete this schedule.

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2025? (See instructions for line 53c, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- ☐ Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53c, NJ-1040, and enclose this schedule with your return.
- ☐ No. Continue to Part II.

If you or any member of your tax household does not **currently** have minimum essential health coverage, also complete the NJ-EZ Enroll form. (See instructions for lines 53a and 53b, NJ-1040.)

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53c, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

Name / Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Exemption number: ☐☐☐☐☐☐☐☐☐☐☐ Check box if this individual has more than one exemption number ☐

Name / Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Exemption number: ☐☐☐☐☐☐☐☐☐☐☐ Check box if this individual has more than one exemption number ☐

Name / Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Exemption number: ☐☐☐☐☐☐☐☐☐☐☐ Check box if this individual has more than one exemption number ☐

Name / Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Exemption number: ☐☐☐☐☐☐☐☐☐☐☐ Check box if this individual has more than one exemption number ☐

Name / Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Exemption number: ☐☐☐☐☐☐☐☐☐☐☐ Check box if this individual has more than one exemption number ☐

Keep a copy of this schedule for your records