

Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial
EDWARD

Last name
FULTON

Your social security number
617-00-1000

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial
JULIA

Last name
FULTON

Spouse's social security number
618-00-1000

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954
☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

☐ Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions.
456 STONEHILL RD

Apt. no.

Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.
SAVANNAH, GA 31405

If more than four dependents, see inst. and ✓ here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
SAM	FULTON	619001000	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date
12/29/18

Your occupation
MANAGER

Spouse's signature. If a joint return, **both** must sign.

Date
12/29/18

Spouse's occupation
CUSTOMER SERVICE REP

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparers

See Schedule 6

Print/Type preparer's name

Preparer's signature

PTIN
S53052884

Firm's name ▶ PRACTICE LAB

Firm's EIN ▶ -

Check if:

☐ 3rd Party Designee

☐ Self-employed

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	33280
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRAs, pensions, and annuities	4a	
	5a	Social security benefits	5a	
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	33280
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	33280
	8	Standard deduction or itemized deductions (from Schedule A)	8	24000
	9	Qualified business income deduction (see instructions)	9	
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	9280
Standard Deduction for — • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions.	11	a Tax (see inst.) <u>928</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	928
		b Add any amount from Schedule 2 and check here <input type="checkbox"/>		
	12	a Child tax credit/credit for other dependents <u>928</u> b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	928
	13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0
	14	Other taxes. Attach Schedule 4	14	1390
	15	Total tax. Add lines 13 and 14	15	1390
	16	Federal income tax withheld from Forms W-2 and 1099	16	1628
	17	Refundable credits: a EIC (see inst.) <u>2035</u> b Sch 8812 <u>1072</u> c Form 8863	17	3107
		Add any amount from Schedule 5		
		18	Add lines 16 and 17. These are your total payments	18
Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	3345
	20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	3345
	Direct deposit? See instructions. b Routing number <u>X X X X X X X X X X</u> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <u>X X X X X X X X X X X X X X X X</u>			
	21	Amount of line 19 you want applied to your 2019 estimated tax	21	
Amount You Owe	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	
	23	Estimated tax penalty (see instructions)	23	

SCHEDULE 4
(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Taxes

► **Attach to Form 1040.**

► **Go to *www.irs.gov/Form1040* for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Name(s) shown on Form 1040

FULTON

Your social security number

617-00-1000

**Other
Taxes**

- 57** Self-employment tax. Attach Schedule SE
- 58** Unreported social security and Medicare tax from: Form **a** ☐ 4137 **b** ☐ 8919
- 59** Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required
- 60a** Household employment taxes. Attach Schedule H
- b** Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required
- 61** Health care: individual responsibility (see instructions)
- 62** Taxes from: **a** ☐ Form 8959 **b** ☐ Form 8960
c ☐ Instructions; enter code(s) _____
- 63** Section 965 net tax liability installment from Form 965-A **63** 0
- 64** Add the amounts in the far right column. These are your **total other taxes**. Enter here and on Form 1040, line 14

57	
58	
59	
60a	
60b	
61	1390
62	
63	
64	1390

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 4 (Form 1040) 2018

QNA

Shared Responsibility Payment

Use the following flowchart to see if you need to make a shared responsibility payment, and if so, the amount.

- Follow Steps 1 through 5 next.
- Complete Worksheet A and Worksheet B if you are directed to them as you complete Steps 1 through 5.
- Complete the Shared Responsibility Payment Worksheet as directed by Steps 1 through 5 or Worksheets A and B.

Step 1 All Filers

1. Can someone claim you as a dependent?

☐ **Yes.** 

☒ **No.** Continue 

You don't owe a shared responsibility payment. Don't check the box on line 6a of Form 1040 or Form 1040A. If you file Form 1040EZ, check the box on line 5.

2. Did you, and everyone else in your tax household (see Tax household under Definitions, earlier) have qualifying health coverage for every month of 2017*?

☐ **Yes.** 

☒ **No.** Continue 

You don't owe a shared responsibility payment. Check the Full-year coverage box on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11.

*You can check the Full-year coverage box if you had or adopted a child during the year, or a member of your tax household died during the year, as long as that person had qualifying health care coverage for every month he or she was a member of your tax household.

3. Did you or anyone else in your tax household have qualifying health coverage or qualify for a coverage exemption for any month in 2017?

☒ **Yes.** 

☐ **No.** Continue 

Claim any coverage exemption you qualify for on Form 8965. Skip question 4; go to Worksheet A.

4. Did you, or anyone else in your tax household turn 18 during 2017?

☐ **Yes.** Go to Worksheet A.

☐ **No.** Go to Step 2.

Step 2 Flat Dollar Amount

1. Multiply \$695 by the number of people in your tax household who were at least 18 years old.*

1 _____

*For purposes of figuring the shared responsibility payment, an individual is considered under age 18 for an entire month if he or she didn't turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born.

2. Multiply \$347.50 by the number of people in your tax household who were under age 18.

2 _____

3. Add lines 1 and 2.

3 _____

4. Enter the smaller of line 3 or \$2,085 here and on line 1 of the Shared Responsibility Payment Worksheet. Go to Step 3.


4 _____

Step 3 Household Income

1. Enter the amount from Form 1040, line 38; Form 1040A, line 21; or Form 1040EZ, line 4.


1 33280

2. Did you receive any tax-exempt interest?

☐ **Yes.** Enter the amount from Form 1040, line 8b; Form 1040A, line 8b; or the amount entered in the space to the left of Form 1040EZ, line 2. 



2 _____

3. Did you attach Form 2555 or Form 2555-EZ?

- ☐ **Yes.** Enter the amount from Form 2555, lines 45 and 50; or Form 2555-EZ, line 18. ☒ **No.** Continue 

3 _____

4. Did you claim any dependents?



- ☒ **Yes.** Continue  ☐ **No.**  Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1.

5. Were any of the dependents you claimed required to file a return?


- ☐ **Yes.** Complete questions 1 through 3 for each dependent with a filing requirement for whom you **didn't** attach Form 8814. Enter the total here. ☒ **No.** Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1.

5 _____

6. Did you attach Form 8814?

- ☐ **Yes.** Continue  ☒ **No.**  Add lines 1, 2, 3, and 5. **This is your household income.** Enter the result on Step 4, line 1.

7. Is Form 8814, line 4, more than \$1,050?

- ☐ **Yes.** Add the amount from Form 8814, line 1b, and the smaller of Form 8814, line 4 or 5. ☒ **No.** Enter -0- below. Continue 

7 _____

8. Add lines 1, 2, 3, 5, and 7. **This is your household income.** Enter the result on Step 4, line 1.

8 33280

Step 4 Percentage Income Amount

1. Enter your household income from Step 3.

1 33280

2. Were you or your spouse (if filing jointly) born before January 2, 1953?

- ☐ **Yes.** Skip question 3. ☒ **No.** Go to question 3. Find your filing threshold on the **Filing Thresholds for Most People** chart and enter it both here and on line 4.

2 _____

3. Enter the amount listed below for your filing status.

- Single—\$10,400
- Head of household—\$13,400
- Married filing jointly—\$20,800
- Married filing separately—\$4,050
- Qualifying widow(er)—\$16,750

3 24000


4. Enter the amount from line 2 or 3.

4 24000

5. Subtract line 4 from line 1.

5 9280

6. Is the amount on line 5 zero or less?

- ☐ **Yes.**  ☒ **No.** Continue  You don't owe a shared responsibility payment. Complete Form 8965 by checking the box on line 7.

7. Multiply line 5 by 2.5% (0.025). This is your percentage income amount.

7 232

8. Were you required to complete Worksheet A?
- ☒ **Yes.** Go to Worksheet B. Then continue to Step 5.
- ☐ **No.** Enter the amount from line 7 above on line 2 of the Shared Responsibility Payment Worksheet and complete line 3 of that worksheet. Then continue to Step 5.

complete line 5 of the Shared Responsibility Payment Worksheet.

2 6792

*\$272 is the 2017 national average premium for a bronze level health plan available through the Marketplace for one individual for one month.

Step 5 National Average Bronze Plan Premium

1. Were you required to complete Worksheet A?
- ☒ **Yes.** Continue
- ☐ **No.** Skip question 2; Go to question 3.
2. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and

3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number of number of people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet.
- 1 person—\$3,264
 - 2 people—\$6,528
 - 3 people—\$9,792
 - 4 people—\$13,056
 - 5 or more people—\$16,320

Shared Responsibility Payment Worksheet

Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. If everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2017, stop here. You don't owe a shared responsibility payment.

Complete Step 1		
1. Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7)	1	<u>1390</u>
Complete Step 3		
2. Enter the percentage income amount. (From Step 4, question 7 or Worksheet B, line 14)	2	<u>1390</u>
3. Enter the larger of line 1 or line 2	3	<u>1390</u>
Complete Step 5		
4. Enter the National Average Bronze Plan Premium. (From Step 5, question 2 or 3)	4	<u>6792</u>
5. Enter the smaller of line 3 or line 4 here and on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11. This is your shared responsibility payment	5	<u>1390</u>

Worksheet A

Use this worksheet if you were referred here from Step 1 under *Shared Responsibility Payment*. After completing the worksheet, **go to Step 3** under *Shared Responsibility Payment*. If everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2017, stop here. You don't owe a shared responsibility payment.

Complete the monthly columns by placing "Xs" in each month in which you or another member of your tax household had neither minimum essential coverage nor a coverage exemption.												
Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
EDWARD FULTON	X	X	X	X	X	X	X	X	X	X	X	X
JULIA FULTON	X	X	X	X	X	X	X	X	X	X	X	X
1. Add the total number of Xs in a month. If 5 or more, enter 5	2	2	2	2	2	2	2	2	2	2	2	2
2. Add the total number of Xs in a month for individuals 18 or over*	2	2	2	2	2	2	2	2	2	2	2	2
3. Enter one-half the number of Xs in a month for individuals under 18*												
4. Add lines 2 and 3 for each month	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
5. Multiply line 4 by \$695 for each month. If \$2,085 or more, enter \$2,085	1390	1390	1390	1390	1390	1390	1390	1390	1390	1390	1390	1390
6. Add the amounts for each month on line 5										16680		
7. Divide line 6 by 12.0. This is your flat dollar amount. Enter this amount on line 1 of the Shared Responsibility Payment Worksheet										1390		
8. Add the total number of Xs entered for each month on line 1. Go to Step 3										24		

*For purposes of figuring the shared responsibility payment, an individual is considered under 18 for an entire month if he or she didn't turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born. For example, someone born on March 1, 2001, is considered age 18 on March 1, 2019, and, therefore, isn't considered age 18 for purposes of the shared responsibility payment until April 2019.

Worksheet B



Don't complete this worksheet unless you were directed here in Step 4 under *Shared Responsibility Payment*.

	(a)	(b)	(c)
For each month, you must determine if the amount on line 5 of Worksheet A is less than the amount on line 7 of Step 4 under <i>Shared Responsibility Payment</i> . *	Enter the amount from line 5 of Worksheet A	Enter the amount from Step 4, line 7	Enter the larger of column (a) or column (b)
1. January	1390	232	1390
2. February	1390	232	1390
3. March	1390	232	1390
4. April	1390	232	1390
5. May	1390	232	1390
6. June	1390	232	1390
7. July	1390	232	1390
8. August	1390	232	1390
9. September	1390	232	1390
10. October	1390	232	1390
11. November	1390	232	1390
12. December	1390	232	1390
13. Add the amounts in column (c)			16680
14. Divide line 13 by 12.0. Enter the result on lines 2 and 3 of the Shared Responsibility Payment Worksheet. Go to Step 5			1390

*If the amount on line 1 of Worksheet A is -0- for any month, leave all columns of this worksheet blank for that month.

Filing Thresholds for Most People

IF your filing status is...	AND at the end of 2017 you were*...	THEN you must file a tax return if your gross income** was at least...
Single	Under 65	\$10,400
	65 or older	\$11,950
Head of household	Under 65	\$13,400
	65 or older	\$14,950
Married filing jointly***	Under 65 (both spouses)	\$20,800
	65 or older (one spouse)	\$22,050
	65 or older (both spouses)	\$23,300
Married filing separately	Any age	\$4,050
Qualifying widow(er)	Under 65	\$16,750
	65 or older	\$18,000

*If you were born on January 1, 1953, you are considered to be age 65 at the end of 2017. (If your spouse died in 2017 or if you are preparing a return for someone who died in 2017, see Pub. 501.)

**Gross income means all income you received in the form of money, goods, property, and services that isn't exempt from tax, including any income from sources outside the United States. It also includes gain from the sale of your main home, even if you can exclude part or all of it. Include only the taxable part of social security benefits (Form 1040, line 20b; Form 1040A, line 14b). Also include gains, but not losses, reported on Form 8949 or Schedule D. Gross income from a business means, for example, the amount on Schedule C, line 7, or Schedule F, line 9. But, in figuring gross income, don't reduce your income by any losses, including any loss on Schedule C, line 7, or Schedule F, line 9.

***If you didn't live with your spouse at the end of 2017 (or on the date your spouse died) and your gross income was at least \$4,050, you must file a return regardless of your age.

Affordability Worksheet

Use this worksheet to determine whether coverage for each individual in your tax household is considered unaffordable. If you or another member of your tax household isn't eligible for employer-sponsored coverage, use the [Marketplace Coverage Affordability Worksheet](#) to figure the required contribution for that individual. An individual is eligible for the affordability exemption for any month in which (B), the Required Contribution, is more than (A), the Affordability Threshold. To claim this coverage exemption, enter code "A" in Part III, column (c), and identify the months to which the exemption applies as described under [Columns \(d\) - \(p\)—Calendar Months](#), later.

(A) Affordability Threshold

Enter 8.16% of your household income (see [Household income](#)). For this purpose, increase household income by the amount of any premium that is paid through a salary reduction arrangement and excluded from gross income.

2679

(B) Required Contribution Amount

For each member of your tax household, enter in the columns provided the amount the individual must pay for coverage for the first situation below that applies to that person. If the required contribution is the same for the whole year, enter the annual required contribution in the space for each month. If the required contribution covers only part of the year, use the [Annualized Required Contribution Worksheet](#) to determine what the annualized required contribution would be for each month. Once you have figured the annualized required contribution, enter it in the space for each month.

Situations (use the first that applies to each member of your tax household, including you, for each month):

1. The lowest cost self-only policy offered to each member of your tax household by his or her employer.
2. The lowest cost family policy* offered by your employer or your spouse's employer (if you are filing a joint return).
3. The amount from the Marketplace Coverage Affordability Worksheet.

For each individual, coverage is considered unaffordable and the individual is exempt for any month in which (B), the Required Contribution Amount, is more than (A), the Affordability Threshold.

Members of your tax household (enter one name per column):	EDWARD FULTON	JULIA FULTON	SAM FULTON			
Annualized required contribution for:						
January	2208	2208	0			
February	2208	2208	0			
March	2208	2208	0			
April	2208	2208	0			
May	2208	2208	0			
June	2208	2208	0			
July	2208	2208	0			
August	2208	2208	0			
September	2208	2208	0			
October	2208	2208	0			
November	2208	2208	0			
December	2208	2208	0			

*The policy must cover everyone in your tax household:

- For whom a personal exemption deduction is claimed on your tax return,
- Who isn't eligible for other employer coverage, and
- Who doesn't qualify for another coverage exemption.

Example 2—Unmarried individual with no dependents and no offer of employer coverage. Anna is unmarried and has no dependents. Her household income is \$15,000. She can't enroll in employer coverage for any month in 2017. The annual premium for the lowest cost bronze self-only plan in Anna's rating area is \$5,000. She was eligible for Medicaid, so she isn't

eligible for the premium tax credit. The maximum premium tax credit that she could claim if she had enrolled in the lowest cost bronze plan is -0-. Anna can claim the exemption for unaffordable coverage for 2017 because her required contribution is \$5,000, which is more than 8.16% of her household income (\$1,224, which is \$15,000 multiplied by 0.0816).

Marketplace Coverage Affordability Worksheet

Use this worksheet to figure an individual's required contribution for any month in which the individual isn't eligible for employer-sponsored coverage. Complete a separate worksheet for each part of the year in which either the individual resided in different geographic rating areas served by the Marketplace or for which the number of people in your tax household who are neither exempt nor eligible for minimum essential coverage (other than individual market coverage) was different.



Don't complete this worksheet unless you were instructed to do so in the Affordability Worksheet.

1. Enter the monthly premium for the lowest cost bronze plan (or if no bronze plan is available through the Marketplace, the lowest cost metal level plan) that covers everyone in your tax household for whom a personal exemption deduction is claimed, who isn't eligible for employer coverage, and who doesn't qualify for another coverage exemption for the month. To find the lowest cost bronze plan (or if no bronze plan is available through the Marketplace, the lowest cost metal level plan), go to www.HealthCare.gov/tax-tool or the Marketplace for your area. (If you are married and file a separate return, enter the monthly premium here and on line 12. Don't complete lines 2 through 11)	553
2. Enter your household income (see Household income)	33280
3. Enter the total of all nontaxable social security benefits received by you, your spouse, and each claimed dependent who must file a tax return ¹	
4. Add lines 2 and 3	33280
5. Enter the federal poverty line for the number of individuals in your tax household less any dependents not claimed	20420
6. Divide line 4 by line 5. If the result (without rounding) is less than 1.0 or more than 4.0, skip lines 7 through 10 and enter -0- on line 11 ²	1.6297
7. Multiply line 6 by 100 and round down to the nearest whole number. Enter the applicable figure for the result from the table in the instructions for Form 8962, line 7	0.0458
8. Multiply line 4 by line 7	1524
9. Divide line 8 by 12.0	127
10. Enter the monthly premium for the second lowest cost silver plan premium that covers everyone in your tax household for whom a personal exemption deduction is claimed, who isn't eligible for minimum essential coverage (other than individual market coverage), and who doesn't qualify for another coverage exemption for the month. If one or more members of your tax household meet this criteria, find the second lowest cost silver plan for those members at www.HealthCare.gov/tax-tool or the Marketplace for your area. If no one in your tax household meets this criteria (for example, everyone in your tax household is eligible for Medicaid or qualifies for a coverage exemption), enter -0-	496
11. Subtract line 9 from line 10. If zero or less, enter -0-	369
12. Subtract line 11 from line 1. If zero or less, enter -0-. This is the individual's required contribution for the month	184
13. Is the individual eligible for this coverage for every month of the year?	
<input type="checkbox"/> Yes. Multiply line 12 by 12.0. This is the annualized required contribution. Enter this amount in the space for every month on the Affordability Worksheet	
<input checked="" type="checkbox"/> No. Multiply line 12 by 12.0. This is the annualized required contribution. Enter this amount in the space on the Affordability Worksheet for each month the individual was eligible for the coverage being tested	2208

¹If the individual filed Form 1040, figure the nontaxable social security benefits received by that individual by subtracting Form 1040, line 20b from Form 1040, line 20a. If the individual filed Form 1040A, figure the nontaxable social security benefits received by that individual by subtracting Form 1040A, line 14b, from Form 1040A, line 14a. If the individual filed Form 1040EZ, he or she should have received a Form SSA-1099 or Form RRB-1099 showing the social security benefits received by that individual, all of which were nontaxable.

²If the result is less than 1.38 and you or another member of your tax household resided in a state that didn't expand Medicaid, you can claim a coverage exemption (see [Resident of a state that didn't expand Medicaid \(code "G"\)](#)).

If the result is less than 1.38, you or another member of your tax household resided in a state that did expand Medicaid (states other than those listed at [Resident of a state that didn't expand Medicaid \(code "G"\)](#)), and you meet the Medicaid eligibility requirements, you're eligible for Medicaid and therefore not eligible for a premium tax credit. Enter -0- on line 10.

Short coverage gap (code "B"). You generally can claim a coverage exemption for yourself or another member of your tax household for each month of a gap in coverage of less than 3 consecutive months. If an individual had more than one short coverage gap during the year, the individual is exempt only for the month(s) in the first gap. If an individual had a gap of 3 months or more, the individual isn't exempt for any of those months. For example, if an individual had coverage for every month in the year except February and March, the individual is

exempt for those 2 months. However, if an individual had coverage for every month in the year except February, March, and April, the individual isn't exempt for any of those months.

Example—Multiple gaps in coverage. Colton had coverage for every month except February, March, October, and November. Colton is eligible for the short coverage gap exemption only for February and March.