

**Note:** *The draft you are looking for begins on the next page.*



## **Caution: DRAFT—NOT FOR FILING**

This is an early release draft of an IRS tax form, instructions, or publication, which the IRS is providing for your information. **Do not file draft forms** and do **not** rely on draft forms, instructions, and publications for filing. We do **not** release draft forms until we believe we have incorporated all changes (except when explicitly stated on this coversheet). However, unexpected issues occasionally arise, or legislation is passed—in this case, we will post a new draft of the form to alert users that changes were made to the previously posted draft. Thus, there are never any changes to the last posted draft of a form and the final revision of the form. Forms and instructions generally are subject to OMB approval before they can be officially released, so we post only drafts of them until they are approved. Drafts of instructions and publications usually have some changes before their final release.

Early release drafts are at [IRS.gov/DraftForms](https://www.irs.gov/DraftForms) and remain there after the final release is posted at [IRS.gov/LatestForms](https://www.irs.gov/LatestForms). All information about all forms, instructions, and pubs is at [IRS.gov/Forms](https://www.irs.gov/Forms).

Almost every form and publication has a page on IRS.gov with a friendly shortcut. For example, the Form 1040 page is at [IRS.gov/Form1040](https://www.irs.gov/Form1040); the Pub. 501 page is at [IRS.gov/Pub501](https://www.irs.gov/Pub501); the Form W-4 page is at [IRS.gov/W4](https://www.irs.gov/W4); and the Schedule A (Form 1040/SR) page is at [IRS.gov/ScheduleA](https://www.irs.gov/ScheduleA). If typing in a link above instead of clicking on it, be sure to type the link into the address bar of your browser, not a Search box.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or publications at [IRS.gov/FormsComments](https://www.irs.gov/FormsComments). We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until the subsequent revision of the product.

If you have comments on reducing paperwork and respondent (filer) burden, with respect to draft or final forms, please respond to the relevant information collection through the Federal Register process; for more info, click [here](#).

Form **8963**

(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service

# Report of Health Insurance Provider Information

► Read the instructions before you complete Form 8963.  
► Go to [www.irs.gov/Form8963](http://www.irs.gov/Form8963) for instructions and the latest information.

OMB No.1545-2249

**Publicly Available  
Information**

Check only one box below. See instructions.

Corrected report (see instructions)

**Single-person covered entity:**

**Designated entity:**

1 Single-person covered entity

2a Agent of an affiliated group

2b Other

**Employer identification number (EIN)**

Number of controlled group members included in  
Schedule A (see instructions)

Reporting year

**2020**

Entity name

Entity name (continued)

Address (number and street). If you have a P.O. box, see instructions.

Address (continued)

City, town, or post office (For foreign addresses, complete fields below. See instructions.)

State

ZIP code

Foreign country name

Foreign province/state/county

Foreign postal code

## **PART I** Signature of Official Signing on Behalf of the Single-Person Covered Entity or Designated Entity (Agent of an Affiliated Group or Other Designated Entity) and Consent by the Designated Entity (if applicable)

Under penalties of perjury, I declare that I have examined this report, including accompanying statements, and, to the best of my knowledge and belief, it is true, correct, and complete. I further certify that I am an officer of the single-person covered entity or the designated entity, and that I am duly authorized to sign this report on behalf of that covered entity.

If box 2a or 2b is checked, I also declare that the above named entity is the agent of an affiliated group or other designated entity (as per the instructions). I understand that the designated entity will receive IRS communications relating to the fee imposed by ACA section 9010 and is to pay this fee to the IRS on behalf of the controlled group. Each person that is a controlled group member at the end of the day on December 31, 2019, is jointly and severally liable for this fee. I further declare that each controlled group member identified on this report consents to the choice of the designated entity indicated on this report. Each person who is a controlled group member at the end of the day on December 31, 2019, and who would qualify as a covered entity in 2020 if it were a single-person covered entity, is jointly and severally liable for any applicable penalty under ACA section 9010. (If the designated entity is selected by the IRS, each controlled group member in this report is deemed to consent to the choice of designated entity.)

**Sign  
Here** ►

Signature of official

Date signed

Business phone number

Business fax number

Do not sign Form 8963  
for electronically filed  
reports. See instructions.

Printed name of signing official

Title of signing official

## **PART II** Alternate Contact Person Designee (see instructions)


Do you want to designate an employee to discuss this report with the IRS? . . . . .  Yes  No

Name of designee

Designee phone number

Title of designee

Designee fax number

 You may be required to file Form 8963 electronically. See the separate instructions for more information about how to file Form 8963.

**Schedule A** Single-Person Covered Entity or Controlled Group Member Information

On the first line, list information for the single-person covered entity or designated entity, whichever applies. Next, for a controlled group, separately list information for every person who is a controlled group member at the end of the day on December 31, 2019, and who would qualify as a covered entity in 2020 if it were a single-person covered entity. See instructions.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Employer identification number (EIN)	Entity name	Address (number and street, city, state, postal (ZIP) code, and country). If you have a P.O. box or a foreign address, see instructions.	NAIC code	NAIC group code	Direct premiums written	MLR rebates	Stand-alone dental or vision direct premiums written	Net premiums written. Subtract column (g) from column (f) and combine the result with column (h). [(f) - (g) + (h)]	Amount in column (i) attributable to 501(c)(3), 501(c)(4), 501(c)(26), or 501(c)(29) entities. Enter qualifying paragraph and related premiums.
1									
2									X
3									X
4									X
5									X
6									X
7									X
8									X
9									X
10									X
11									X
12									X
13									X
14									X
15									X
16									X
17									X

Add new member

Click on the button to add a new member of the controlled group.