The type and rule above prints on all proofs including departmental reproduction proofs. MUST be removed before printing.

**Health Insurance Credit Eligibility Certificate**

**For Recipient**
(Keep for your records)
You may be able to claim the health insurance credit for eligible recipients. See Form 8885 for details.

**Copy A**

**ISSUER’S name, street address, city, state, ZIP code, and telephone no.**

**OMB No. 1545-xxxx**

**RECIPIENT’S name, street address (including apt. no.), city, state, and ZIP code.**

**RECIPIENT’S Federal identification number.**

**RECIPIENT’S identification number.**

**Recipient is an eligible:**

- TAA or alternative TAA recipient
- PBGC pension recipient

**Action**  |  **Date**  |  **Signature**
---|---|---
O.K. to print T:F:F  |  |  
O.K. to print Responsible scan organization  |  |  
Revised proofs requested  |  |  

**Department of the Treasury - Internal Revenue Service**

**Issued by:**

**Cat. No. 34756D**

**Page 1 of x of Form 8887 (Page x is BLANK.)**

**Proof as of Sept. 27, 2002 (subject to change)**

**TLS, have you transmitted all R text files for this cycle update?**

**Date**

**For optional use by issuer**

**Form 8887 (2002)**

**Cat. No. 34756D**

**Department of the Treasury - Internal Revenue Service**
<table>
<thead>
<tr>
<th><strong>ISSUER’S name, street address, city, state, ZIP code, and telephone no.</strong></th>
<th><strong>OMB No. 1545-xxxx</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RECIPIENT’S identity and number</strong></td>
<td><strong>Recipieent is an eligible:</strong></td>
</tr>
<tr>
<td><strong>RECIPIENT’S name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Street address (including apt. no.)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>City, state, and ZIP code</strong></td>
<td></td>
</tr>
</tbody>
</table>

For Issuer

**Copy B**

For Paperwork Reduction Act Notice, see instructions.

Form 8887 (2002)
Instructions for Issuers

Purpose of Form
Use Form 8887 to notify a trade adjustment assistance (TAA), alternative TAA, or Pension Benefit Guaranty Corporation (PBGC) pension recipient that he or she may qualify for the health insurance credit for eligible recipients claimed in Form 8885.

Who Must File
Form 8887 should be completed only by an authorized representative of a state or the PBGC.

Due Date
Furnish Copy A of this form to the recipient by February 18, 2003.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. If you use Form 8887, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

You are not required to provide the information requested on the form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping: 0.0 min.;
- Learning about the law or the form: 0.0 min.;
- Preparing the form: 0.1 hr., 0.0 min.;
- Copying, assembling, and sending the form to the IRS: 0.0 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Paperwork Reduction Act Notice, We ask for the information on this form to carry out the Internal Revenue laws of the United States. If you use Form 8887, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

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