

AFFORDABLE CARE ACT (ACA)

Approaching the ACA

For each person in the tax household:

1	Did this person have coverage all year? If YES: In ACA Worksheet, check "Full" for that person. (See software image on next page) <i>If "Full" is checked for every person on the return, TaxWise will check the box on Form 1040, page 2.</i>
2	Is this person eligible for an exemption for any month without coverage? If YES: In ACA Worksheet, check "Exm" and complete Form 8965.
3	Does this person have no coverage AND no exemption for any month during the year? If YES: In ACA Worksheet, check each month with no coverage AND no exemption. A shared responsibility payment will be calculated for that person for that month. <i>If this person has no coverage AND no exemption in EVERY month of the year, check "None."</i>
4	Did this person have qualifying health plan coverage purchased through the Marketplace? If YES: In ACA Worksheet, check "Mkt" and complete Form 8962.
!	Remember <ul style="list-style-type: none">• Each person in the tax household should be screened individually to determine in which months the person has coverage, is eligible for an exemption, or is subject to a shared responsibility payment.• A tax return claiming zero personal exemptions (a dependent filing his or her own return) should not complete the ACA Worksheet. The dependent's coverage exemption or premium tax credit will be reported on the return of the taxpayer who properly claims his or her dependency exemption.

TaxWise ACA Worksheet

TaxWise Tip

ACA Worksheet must be completed unless the return is being filed by a dependent.

TaxWise ACA Worksheet

	Full	None	Mkt	Exm	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
JOHN SMITH Under age 18 at beginning of month	<input checked="" type="radio"/>	<input type="radio"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JANE SMITH Under age 18 at beginning of month	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>
KATIE SMITH Under age 18 at beginning of month	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Check to indicate if the individual had coverage all year.

Check to indicate if the individual had no coverage **AND** no exemption for all 12 months.

- Do not select "None" for a person who was born or died during the year. The coverage requirement applies only to FULL months alive.
- The coverage requirement for an adopted child applies only to the FULL months after the adoption occurs.
- Do not select "None" if a person had either coverage or an exemption for any month.

Check to indicate if the individual had coverage through the Marketplace for at least one month.
Also complete Form 8962 using Form 1095-A.

Check to indicate if the individual qualifies for an exemption for at least one month.
Also complete Form 8965.

Caution! Check only the months when the person had no coverage **AND** no exemption. These are the shared responsibility payment months.

TaxWise will check these boxes (based on date of birth) to indicate people under age 18, which affects the shared responsibility payment computation.

Caution! This page contains the 2014 TaxWise ACA Worksheet which is being revised. An updated page will be included in Publication 4491X if needed.

TaxWise ACA Worksheet Continued															
Under age 18 at beginning of month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under age 18 at beginning of month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under age 18 at beginning of month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under age 18 at beginning of month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under age 18 at beginning of month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The first 6 lines of the worksheet are calculated fields. Use the non-calculated lines of this worksheet to enter individuals who could be claimed as dependents but are not claimed on this return. Use the override function to check the "under 18" boxes if needed.

TaxWise ACA Worksheet Continued	
6 Sum of the number of boxes checked on line 1 above for the year	0
7 Household income Enter the total modified AGI for any dependent included in this return who is required to file a tax return - F3 if zero	0
8 Filing threshold	0
9 Subtract line 8 from line 7	0
10 Multiply line 9 by 1%	0
11 Is line 10 more than \$285? <input checked="" type="checkbox"/> Yes. Multiply line 10 by the number of months for which line 1 is more than zero. <input type="checkbox"/> No. Amount calculated based on the flat dollar amount worksheet	0
12 Divide line 11 by 12	0
13 Multiply line 6 by \$204	0
14 Smaller of line 12 or line 13	0

Caution: Enter dependent's MAGI only if the dependent has a tax filing requirement. Do not enter the MAGI of taxpayer or spouse as it is already included.
See page ACA-8 for dependents' filing threshold chart.

Caution: This is the Shared Responsibility Payment.
If everyone on the tax return has MEC or qualifies for an exemption for every month the amount on this line should be 0.

Types of Minimum Essential Coverage

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Minimum essential coverage means health care coverage under any of the following programs. It does not, however, include coverage consisting solely of excepted benefits. Excepted benefits include stand-alone vision and dental plans (except pediatric dental coverage), workers' compensation coverage, and coverage limited to a specified disease or illness.

Employer-sponsored coverage:

- Group health insurance coverage for employees under—
 - A governmental plan, such as the Federal Employees Health Benefit program
 - A plan or coverage offered in the small or large group market within a state
 - A grandfathered health plan offered in a group market
- A self-insured health plan for employees
- COBRA coverage
- Retiree coverage

Individual health coverage:

- Health insurance you purchase directly from an insurance company
- Health insurance you purchase through the Marketplace
- Health insurance provided through a student health plan

Coverage under government-sponsored programs:

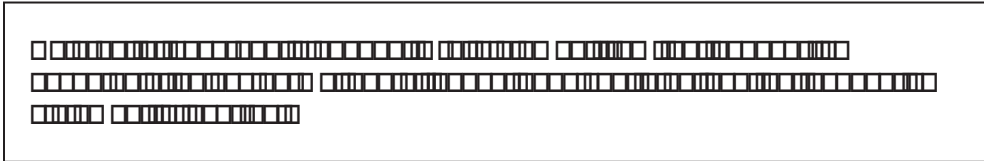
- Medicare Part A coverage
- Medicare Advantage plans
- Most Medicaid coverage*
- Most Children's Health Insurance Program (CHIP) coverage*
- Most types of TRICARE coverage
- Comprehensive health care programs offered by the Department of Veterans Affairs
- Health coverage provided to Peace Corps volunteers
- Department of Defense Nonappropriated Fund Health Benefits Program
- Refugee Medical Assistance

Other coverage:

- Certain foreign coverage
- Certain coverage for business owners
- Coverage recognized by HHS as minimum essential coverage.**

*Medicaid and CHIP programs that provide limited benefits generally don't qualify as minimum essential coverage; however, HHS will provide a hardship exemption to individuals with certain types of limited-benefit Medicaid and CHIP coverage.

**Plans recognized as minimum essential coverage are listed at: www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/minimum-essential-coverage.html, scroll down and click on the link for the list of approved plans.



Exemptions: Overview

Exemptions: Where do I start?

STEP 1

Does anyone in the tax household already have an exemption in hand from the Marketplace?

Marketplace exemptions require an *application*. If a person applied for an exemption through the Marketplace (or if they were granted an exemption automatically because they were denied Medicaid coverage in a state that did not expand Medicaid), they should have received an Exemption Certificate Number (ECN) from the Marketplace. It is a 6 or 7 digit alphanumeric code.

STEP 2

Is household or gross income under the filing threshold?

If YES, check box 7a or 7b on Form 8965, Part II. Everyone on the tax return is exempt from the coverage requirement, and there is no need to consider additional exemptions. (See page ACA-7 for more information.)

STEP 3

If the family does not qualify for an exemption under Step 2, does any individual qualify for an exemption that can be claimed directly on the tax return?

If YES, enter the exemption code on Form 8965, Part III. (See page ACA-9 for more information.)

STEP 4

For any uninsured individual that does not qualify under Step 2 or 3, does any individual in the tax household qualify for an exemption from the Marketplace?

If YES, direct the person to the Marketplace for additional help. Enter "pending" on Form 8965, Part I, if the Marketplace has not processed the application for exemption before the return is filed. A tax return with a "pending" exemption can still be e-filed. The IRS will follow-up with a taxpayer directly on all Pending submissions if the Marketplace does not approve the exemption.

Form 8965 in TaxWise

Part I: Marketplace-Granted Coverage Exemptions for Individuals
If you and / or a member of your tax household have an exemption granted by the Marketplace, complete Part I. Please note that the lines below marked with * are for e-filing only and will not be included on the printed form.

	a Name of individual	b SSN	c Exemption certificate number
1			
2			
3			
4			
5			
6			
*			
*			

Part II: Coverage Exemptions for Your Household Claimed on Your Return

Filing threshold 20300
 Household income from ACA worksheet 20668
 Estimated gross income entered in this return 20668

7a Are you claiming an exemption because your household income is below the filing threshold? Yes No
 b Are you claiming a hardship exemption because your gross income is below the filing threshold? Yes No

Part III: Coverage Exemptions for Individuals Claimed on Your Return
If you and / or a member of your tax household are claiming an exemption on your return, complete Part III. Please note that the lines below marked with * are for e-filing only and will not be included on the printed form.

	a Name	b SSN	c Exemption type	d Full year	e Jan	f Feb	g Mar	h Apr	i May	j Jun	k Jul	l Aug	m Sep	n Oct	o Nov	p Dec
8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part I: Enter information in Part I only if the individual has an exemption from the Marketplace or is applying for one. Enter "pending" if the Marketplace has not processed the application for exemption before the return is filed.

Part II and Part III: Most exemptions will be entered in Parts II and III.

TaxWise Tip
Form 8965, Part III: Multiple exemptions cannot be indicated on a single line. If a person is eligible for multiple exemptions covering different months, enter his or her name on multiple lines.

Exemptions: Form 8965, Part II

Household Exemptions for Income Below Filing Threshold

Exemption Type	Details
Household income below filing threshold (Form 8965, Line 7a)	<p>Household income is the sum of the modified adjusted gross income (MAGI) from the tax return and the MAGI of all dependents required to file a tax return. Use the Filing Requirements for Children and Other Dependents chart (in this tab) to determine whether the dependent is required to file his or her own tax return.</p> $ \text{MAGI} = \text{Adjusted Gross Income (AGI)} + \text{Tax-Exempt Interest} + \text{Excluded Foreign Income} $ <p> Adjusted Gross Income (AGI) <small>Form 1040, Line 37</small> Tax-Exempt Interest <small>Form 1040, Line 8b</small> Excluded Foreign Income <small>*International certification only Form 2555, Form 2555-EZ</small> </p>
Gross income below filing threshold (Form 8965, Line 7b)	<p>Gross income means all income received in the form of money, goods, property, and services that is not exempt from tax, see definition of gross income on page A-1.</p> <ul style="list-style-type: none"> • Do not include income of any dependents

If either exemption applies, **stop**.
There is no need to consider other exemptions for individual members of the household.

2015 Federal Tax Filing Requirement Thresholds

Filing Status	Age	Must file a return if gross income exceeds
Single	Under 65	\$10,300
	65 or older	\$11,850
Head of Household	Under 65	\$13,250
	65 or older	\$14,800
Married Filing Jointly	Under 65 (both spouses)	\$20,600
	65 or older (one spouse)	\$21,850
	65 or older (both spouses)	\$23,100
Married Filing Separately	Any age	\$4,000
Qualifying Widow(er) with Dependent Children	Under 65	\$16,600
	65 or older	\$17,850

Gross income means all income you received in the form of money, goods, property, and services that is not exempt from tax, including any income from sources outside the United States or 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, do not reduce your income by any losses, including any loss on Schedule C, line 7, or Schedule F, line 9.

2015 Federal Tax Filing Requirement Thresholds – Dependents

If your parent (or someone else) *can* claim you as a dependent, use this chart to see if you must file a return.

In this chart, **unearned income** includes taxable interest, ordinary dividends, and capital gain distributions. It also includes unemployment compensation, taxable social security benefits, pensions, annuities, and distributions of unearned income from a trust. **Earned income** includes salaries, wages, tips, professional fees, and taxable scholarship and fellowship grants. **Gross income** is the total of your unearned and earned income.

Single dependents. Were you **either** age 65 or older or blind?

- No.** You must file a return if **any** of the following apply.
 1. Your unearned income was over \$1,050.
 2. Your earned income was over \$6,300.
 3. Your gross income was more than the larger of —
 - a. \$1,050, or
 - b. Your earned income (up to \$5,950) plus \$350.
- Yes.** You must file a return if any of the following apply.
 1. Your unearned income was over \$2,600 (\$4,150 if 65 or older **and** blind).
 2. Your earned income was over \$7,850 (\$9,400 if 65 or older **and** blind).
 3. Your gross income was more than the larger of —
 - a. \$2,600 (\$4,150 if 65 or older **and** blind) or
 - b. Your earned income (up to \$5,950) plus \$1,900 (\$3,450 if 65 or older and blind).

Married dependents. Were you **either** age 65 or older **or** blind?

- No.** You must file a return if **any** of the following apply.
 1. Your unearned income was over \$1,050.
 2. Your earned income was over \$6,300.
 3. Your gross income was at least \$5 and your spouse files a separate return and itemizes deductions.
 4. Your gross income was more than the **larger** of —
 - a. \$1050, or
 - b. Your earned income (up to \$5,950) plus \$350.
- Yes.** You must file a return if **any** of the following apply.
 1. Your unearned income was over \$2,300 (\$3,550 if 65 or older **and** blind).
 2. Your earned income was over \$7,550 (\$8,800 if 65 or older **and** blind).
 3. Your gross income was at least \$5 and your spouse files a separate return and itemizes deductions.
 4. Your gross income was more than the **larger** of —
 - a. \$2,300 (\$3,550 if 65 or older **and** blind), or
 - b. Your earned income (up to \$5,950) plus \$1,600 (\$2,850 if 65 or older **and** blind).

Note: For children under age 18 and certain older children, unearned income over \$2,100 is taxed at the parent's rate if the parent's rate is higher than the child's. For this purpose, "unearned income" includes all taxable income other than earned income, such as taxable interest, ordinary dividends, capital gains, rents, royalties, etc. It also includes taxable social security benefits, pension and annuity income, taxable scholarship and fellowship grants not reported on Form W-2, unemployment compensation, alimony, and income received as the beneficiary of a trust. If the child's unearned income is more than \$2,100, Form 8615 must be used to figure the child's tax. Form 8615 is out of scope.

Applicable Figure - used for Line 7 of Marketplace Affordability Worksheet



If the amount on line 5 is less than 133, your applicable figure is 0.0201. If the amount on line 5 is between 300 through 400, your applicable figure is 0.0956.

IF Form 8962, line 5 is ...	ENTER on Form 8962, line 7 ...	IF Form 8962, line 5 is ...	ENTER on Form 8962, line 7 ...	IF Form 8962, line 5 is ...	ENTER on Form 8962, line 7 ...	IF Form 8962, line 5 is ...	ENTER on Form 8962, line 7 ...
less than 133	0.0201	175	0.0518	218	0.0697	261	0.0842
133	0.0302	176	0.0523	219	0.0701	262	0.0845
134	0.0308	177	0.0527	220	0.0704	263	0.0848
135	0.0314	178	0.0532	221	0.0708	264	0.0851
136	0.0320	179	0.0537	222	0.0711	265	0.0854
137	0.0326	180	0.0541	223	0.0715	266	0.0857
138	0.0331	181	0.0546	224	0.0718	267	0.0860
139	0.0337	182	0.0550	225	0.0722	268	0.0863
140	0.0343	183	0.0555	226	0.0726	269	0.0865
141	0.0349	184	0.0560	227	0.0729	270	0.0868
142	0.0355	185	0.0564	228	0.0733	271	0.0871
143	0.0361	186	0.0569	229	0.0736	272	0.0874
144	0.0367	187	0.0574	230	0.0740	273	0.0877
145	0.0373	188	0.0578	231	0.0743	274	0.0880
146	0.0378	189	0.0583	232	0.0747	275	0.0883
147	0.0384	190	0.0588	233	0.0750	276	0.0886
148	0.0390	191	0.0592	234	0.0754	277	0.0889
149	0.0396	192	0.0597	235	0.0757	278	0.0892
150	0.0402	193	0.0602	236	0.0761	279	0.0895
151	0.0407	194	0.0606	237	0.0764	280	0.0898
152	0.0411	195	0.0611	238	0.0768	281	0.0901
153	0.0416	196	0.0615	239	0.0771	282	0.0903
154	0.0421	197	0.0620	240	0.0775	283	0.0906
155	0.0425	198	0.0625	241	0.0778	284	0.0909
156	0.0430	199	0.0629	242	0.0782	285	0.0912
157	0.0434	200	0.0634	243	0.0785	286	0.0915
158	0.0439	201	0.0638	244	0.0789	287	0.0918
159	0.0444	202	0.0641	245	0.0792	288	0.0921
160	0.0448	203	0.0645	246	0.0796	289	0.0924
161	0.0453	204	0.0648	247	0.0799	290	0.0927
162	0.0458	205	0.0652	248	0.0803	291	0.0930
163	0.0462	206	0.0655	249	0.0806	292	0.0933
164	0.0467	207	0.0659	250	0.0810	293	0.0936
165	0.0472	208	0.0662	251	0.0813	294	0.0938
166	0.0476	209	0.0666	252	0.0816	295	0.0941
167	0.0481	210	0.0669	253	0.0819	296	0.0944
168	0.0486	211	0.0673	254	0.0822	297	0.0947
169	0.0490	212	0.0676	255	0.0825	298	0.0950
170	0.0495	213	0.0680	256	0.0828	299	0.0953
171	0.0499	214	0.0683	257	0.0830	300 thru 400	0.0956
172	0.0504	215	0.0687	258	0.0833		
173	0.0509	216	0.0690	259	0.0836		
174	0.0513	217	0.0694	260	0.0839		

Affordability Worksheet (continued)

(B) Required Contribution Amount

For each member of your tax household, enter in the columns provided the annual premium for the first option below that applies to that person. If the monthly premium is the same for the whole year, enter the annual premium in the space for each month. If the premiums cover only part of the year, use the *Annualized Premium Worksheet* to determine what the annualized premium would be for each month. Once you have figured the annualized premium, enter it in the space for each month.

Options (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 unaffordable and the individual is exempt if (B), the Required Contribution Amount, is greater than (A), the Affordability Threshold.

Members of your tax household (enter one name per column):						
Premium for:						
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

Use annualized figures for each month in order to compare to the affordability threshold, which is calculated on an annual basis.

*The policy must cover everyone in your tax household:

- * for whom a personal exemption deduction is claimed on your tax return,
- * who is not eligible for employer coverage, and
- * who does not qualify for another coverage exemption.

Federal Poverty Lines



2014 Poverty Lines for the 48 Contiguous States and the District of Columbia

For families/households with more than 8 persons, add \$4,060 for each additional person (100% Poverty Line)

Persons in family/household	100% Poverty Line	138% Poverty Line	400% Poverty Line
1	\$11,670	\$16,105	\$46,680
2	\$15,730	\$21,707	\$62,920
3	\$19,790	\$27,310	\$79,160
4	\$23,850	\$32,913	\$95,400
5	\$27,910	\$38,516	\$111,640
6	\$31,970	\$44,119	\$127,880
□	□□□□□□	\$□□□□□□	\$□□□□□□
□	□□□□□□	\$□□□□□□	\$□□□□□□

2014 Poverty Lines for Alaska

For families/households with more than 8 persons, add \$5,080 for each additional person (100% Poverty Line)

Persons in family/household	100% Poverty Line	138% Poverty Line	400% Poverty Line
1	\$14,580	\$20,120	\$58,320
2	\$19,660	\$27,131	\$78,640
3	\$24,740	\$34,141	\$98,960
4	\$29,820	\$41,152	\$119,280
5	\$34,900	\$48,162	\$139,600
6	\$39,980	\$55,172	\$159,920
□	□□□□□□	\$62,183	\$180,240
□	□□□□□□	\$69,193	\$200,560

2014 Poverty Lines for Hawaii

For families/households with more than 8 persons, add \$4,670 for each additional person (100% Poverty Line).

Persons in family/household	100% Poverty Line	138% Poverty Line	400% Poverty Line
1	\$13,420	\$18,520	\$53,680
2	\$18,090	\$24,964	\$72,360
3	\$22,760	\$31,409	\$91,040
4	\$27,430	\$37,853	\$109,720
5	\$32,100	\$44,298	\$128,400
6	\$36,770	\$50,743	\$147,080
□	□□□□□□	\$57,187	\$165,760
□	□□□□□□	\$63,632	\$184,440

Shared Responsibility Payment

The Shared Responsibility Payment (SRP) is the amount an individual must pay if they do not have minimum essential coverage (MEC) for a month. The SRP is based on the individual's household income and the number of months they do not have MEC.

The SRP is calculated as follows:

$$\text{Excess Income Amount} = \left[\text{Household Income} - \text{Filing threshold (for primary taxpayer or joint filers)} \right] \times \text{Income percentage (2\% for 2015)}$$

OR

$$\text{Flat dollar amount (cannot exceed \$975, which is 300\% of applicable dollar amount for 2015)} = \left[\text{Sum of applicable dollar amounts for all nonexempt individuals without MEC in a given month (\$325 per adult and \$162.50 per child for 2015)} \right] \times \text{Number of months nonexempt individuals do not have MEC}$$

The SRP is the greater of the two amounts calculated above.

$$\text{Monthly penalty amount} = \text{1/12 of Excess income amount OR Flat dollar amount (whichever is greater)}$$

The Annual SRP is the sum of the monthly penalty amounts.

$$\text{Annual SRP} = \text{Sum of monthly penalty amounts OR Sum of monthly national average bronze plan premiums (whichever is lesser)}$$

Note: The SRP is based on the individual's household income and the number of months they do not have MEC. The SRP is not based on the individual's income tax liability. The SRP is also not based on the individual's ability to pay.

Premium Tax Credit: Form 8962

Form 8962 in TaxWise

US 8962 Premium Tax Credit 2014

Name: [REDACTED] SSN: [REDACTED]

Check here if applying for relief (see instructions)
 If married filing separately and not applying for relief, complete lines 1 through 5, skip lines 6 through 8b, and complete lines 9 and 10. When completing lines 11 or 12 through 23, complete only Column F to determine how much you must repay.

Part 1: Annual and Monthly Contribution Amount

1 Family size 1

2a Modified AGI 0

b Enter total of your dependents' modified AGI 0

3 Household income 0

4 Federal poverty line - check the appropriate box for the state you resided in. If you moved during 2014 and you lived in Alaska and / or Hawaii, or if filing jointly and you and your spouse lived in different states, check all of the boxes that apply. The table that results in the highest income will be used.
 Alaska Hawaii Other 48 states and DC 0

5 Household income as a percentage of Federal poverty line 0 %

6 Is the result on line 5 less than or equal to 400%? See instructions if result is less than 100%.
 Yes. Continue to line 7.
 No. You are not eligible to receive the PTC. If you received advance payment of PTC, skip lines 7 and 8 and go to line 9. If you did not receive any advance payment of PTC, stop here.

If the percentage on line 5 is less than 100%, did the taxpayer qualify for the PTC under the requirements in the instructions? Yes. No.

7 Applicable figure from the table in the instructions 0.0000

8a Annual contribution for health care - multiply line 3 by line 7 0

b Monthly contribution for health care - divide line 8a by 12 0

Part 2: Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Did you share a policy with another taxpayer or get married during the year and want to use the alternative calculation? (see instructions)
 Yes. Skip to Part 4, Shared Policy Allocation, or Part 5, Alternative Calculation for Year of Marriage
 No. Continue to line 10.

10 Do all Forms 1095-A for your tax household include coverage for January through December with no changes in monthly amounts shown in lines 21 - 32, column A and B?

Annual Calculation

	A Premium amount Form 1095-A line 33A	B Annual premium amount of SLCSP Form 1095-A line 33B	C Annual contribution amount Line 8A	D Annual maximum premium assistance	E Annual premium tax credit allowed	F Annual advance payment of PTC Form 1095-A line 33C
11 Annual totals	0	0	0	0	0	0

Monthly Calculation

	A Monthly premium amount Form 1095-A lines 21 - 32, column A	B Monthly premium amount of SLCSP Form 1095-A lines 21 - 32, column B	C Monthly contribution amount Line 8B or alternative marriage contribution	D Monthly maximum premium assistance	E Monthly premium tax credit allowed	F Monthly advance payment of PTC Form 1095-A lines 21 - 32, column C
12 January	0	0	0	0	0	0
13 February	0	0	0	0	0	0
14 March	0	0	0	0	0	0
15 April	0	0	0	0	0	0
16 May	0	0	0	0	0	0
17 June	0	0	0	0	0	0
18 July	0	0	0	0	0	0
19 August	0	0	0	0	0	0
20 Sept	0	0	0	0	0	0
21 October	0	0	0	0	0	0
22 Nov	0	0	0	0	0	0
23 Dec	0	0	0	0	0	0

24 Total premium tax credit 0

25 Advance payment of PTC 0

26 Net premium tax credit 0

Part 3: Repayment of Advance Payment of the Premium Tax Credit

27 Excess advance payment of PTC 0

28 Repayment limitation 0

29 Excess advance payment premium tax credit repayment 0

[REDACTED]

[REDACTED]

Line 2b: [REDACTED] If dependents' gross income is above the filing threshold [REDACTED]

Line 6: [REDACTED]

Line 9: [REDACTED]

Line 11 OR Lines 12-23: [REDACTED]

Caution: [REDACTED]

Line 26: [REDACTED]

Line 27: [REDACTED]

Income (as % of FPL)	Repayment Limitation on APTC	
	SINGLE Taxpayers Repayment Limitation:	OTHER Taxpayers Repayment Limitation:
Under 200%	\$300	\$600
At least 200% but less than 300%	\$750	\$1,500
At least 300% but less than 400%	\$1,250	\$2,500
400% and above	Full repayment	Full repayment

TIP: [REDACTED]

TIP: [REDACTED]

Shared Policy Allocation

Caution: [REDACTED]

Table 3. Shared Policy Allocation—Line 9

Follow Steps 1–3 below to determine which allocation rule to use in Part IV—Shared Policy Allocation , later, to allocate the policy amounts for each qualified health plan identified in the instructions to line 9. For each such policy, if your answer directs you to Part IV, skip directly to the section of the Part IV instructions identified — you do not need to complete the remaining steps below.	
STEP 1	
If	
<ul style="list-style-type: none">You divorced or legally separated from a spouse in 2015; andThe policy covered at least one individual in your tax family AND at least one individual in your former spouse's tax family...	
Then allocate using the rules in Allocation Situation 1. Taxpayers divorced or legally separated in 2015 in Part IV—Shared Policy Allocation . Otherwise, continue to Step 2.	
STEP 2	
If	
<ul style="list-style-type: none">You were married at the end of 2015 but are filing a separate return from your spouse; andThe policy covered at least one individual in your tax family AND at least one individual in your spouse's tax family*...	
Then allocate using the rules in Allocation Situation 2. Taxpayers married at year end but filing separate returns in Part IV—Shared Policy Allocation . Otherwise, continue to Step 3.	
<small>*Also follow these instructions if you meet the rules in Exception 1—Certain married persons living apart or Exception 2—Victim of domestic abuse or spousal abandonment under Married taxpayers, earlier, and a policy covered at least one individual in your tax family AND at least one individual in your spouse's tax family.</small>	
STEP 3	
If	
<ul style="list-style-type: none">No APTC was paid for the policy...	
Then allocate using the rules in Allocation Situation 3. No APTC in Part IV—Shared Policy Allocation . Otherwise, allocate using the rules in Allocation Situation 4. Other situations where a policy is shared between two tax families in Part IV—Shared Policy Allocation .	

