

ACA Examples

The following examples are intended to give VITA/TCE volunteers an opportunity to practice completing forms and worksheets associated with the Affordable Care Act (ACA) tax provisions in TaxWise. Background and interview notes are provided to prepare tax returns with various health insurance coverage scenarios that you may encounter.

All TaxWise screen shots are from TaxWise Online (TWO) Training Mode for TY 2015.

New! Healthcare.gov has released a new tax tool for 2015. This combines the lowest cost bronze plan (LCBP) and second lowest cost silver plan (SLCSP) look-up features in one tool. It is available at: www.healthcare.gov/tax-tool

General Instructions

- All taxpayer names and Social Security numbers provided in the scenarios are fictitious.
- When entering Social Security numbers (SSNs), replace the Xs with your unique User ID (in Practice Lab) or, if using other forms of the software, replace the Xs as directed.
- Complete tax return information is not provided. For the purposes of these exercises, ignore the red marks in the practice tax returns and any other tax issues raised.
- Assume these taxpayers did not receive a taxable state refund in 2015.
- For the purposes of the premium tax credit calculations on Form 8962, use “Other 48 states and DC” so your calculations will match the provided answers.
- For all scenarios, assume that the identity and Social Security cards were checked for all individuals on the intake sheet.
- Assume all wage income and 1099-MISC income was from employer: 36-3XXXXXX, Big Company, Chicago, IL, 60626.

Table of Contents

Example 1a – Adams	2
Example 1b.....	2
Example 2 – Bacon.....	3
Example 3 – Cendrick	4
Example 4a – Dallas	5
Example 4b.....	6
Example 5a – Evans	7
Example 5b – Evans.....	7
Example 6 – Gordon.....	8
Example 7 – Finch.....	9
Example 8 – Cook.....	10
Example 9 – Tester.....	11
Answers.....	13

EXAMPLE 1A – ADAMS

Interview Notes

- Fred and Sandy Adams are married and will file a joint return. They lived in Austin, TX (zip code: 78704) all year.
 - Fred: 678-XX-XXXX; DOB: 12/1/1953
 - Sandy: 679-XX-XXXX; DOB: 11/2/1955
- Fred and Sandy have two tax dependents: their daughter Janey and Janey's daughter, Ava, who lived with them all year. (All tests for dependency have been met.)
 - Janey: 675-XX-XXXX; DOB: 2/12/1988
 - Ava: 676-XX-XXXX; DOB: 9/27/2015
- Sandy's Form W-2 shows:
 - Box 1: \$45,000
 - Box 2: \$3,200
- Janey lived with her parents all year and was employed at the beginning of 2015. She had wage income of \$3,500.
- Fred and Sandy were enrolled in employer-sponsored insurance through Sandy's job for the entire year.
- Janey had health insurance through her own employer from January 14 until March 3. Janey was uninsured until she enrolled in Medicaid, effective April 23. She remained covered for the rest of the year.
- Ava was enrolled in Medicaid from birth until the end of the year.

Complete the ACA Worksheet in TaxWise and any other necessary tax forms.

- 1. How is coverage noted on the ACA Worksheet for each individual?**
- 2. What is the amount on Form 1040, Line 61?**
- 3. Is it necessary to complete Form 8965? If so, which exemption is claimed and for whom?**

[Skip to answers](#)

EXAMPLE 1B

All of the facts are the same as above except:

- Janey was uninsured January through March before enrolling in Medicaid in April. She remained covered the rest of the year. Assume that no exemptions apply for January through March.

Complete the ACA Worksheet in TaxWise and any other necessary tax forms.

- 4. How is coverage noted on the ACA Worksheet for each individual?**
- 5. What is the amount on Form 1040, Line 61?**
- 6. Is it necessary to complete Form 8965? If so, which exemption is claimed and for whom?**

[Skip to answers](#)

EXAMPLE 2 – BACON

Interview Notes

- Jonah Bacon is an adult filing as Single.
 - Jonah: 681-XX-XXXX; DOB: 3/12/1964
- He lived in Tampa, FL (zip code: 33612) all year.
- Jonah's Form W-2 shows:
 - Box 1: \$8,500
 - Box 2: \$137
- Jonah had no other income.
- Jonah did not enroll in health insurance at any point during the year.

Complete the ACA Worksheet in TaxWise and any other necessary tax forms.

- 1. How is coverage noted on the ACA Worksheet for Jonah?**
- 2. What is the amount on Form 1040, Line 61?**
- 3. Is it necessary to file Form 8965? If so, which exemption is claimed?**

[Skip to answers](#)

EXAMPLE 3 – CENDRICK

Interview Notes

- Anna Cendrick divorced Mark in 2013.
- Anna will file as Head of Household with one tax dependent, her daughter Cindy Lou.
- Anna had coverage all year through her employer. She received Form 1095-B showing her coverage.
- Cindy Lou was insured through her father’s employer all year, under the terms of the divorce decree. Anna did not contribute to the cost of the insurance coverage. Anna does not have Form 1095-B or -C showing Cindy Lou’s coverage.

Form 1095-B Department of the Treasury Internal Revenue Service		Health Coverage		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	560115 OMB No. 1545-2252 2015										
▶ Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b .															
Part I Responsible Individual															
1 Name of responsible individual(s) Anna Cendrick		2 Social security number (SSN) XXX-XX-XXXX		3 Date of birth (if SSN is not available)											
4 Street address (including apartment no.) 110 Broadway St		5 City or town San Antonio		6 State or province TX											
				7 Country and ZIP or foreign postal code 78205											
8 Enter letter identifying Origin of the Policy (see instructions for codes): ▶ B															
Part II Employer Sponsored Coverage (see instructions)															
10 Employer name			11 Employer identification number (EIN)												
12 Street address (including room or suite no.)		13 City or town		14 State or province											
				15 Country and ZIP or foreign postal code											
Part III Issuer or Other Coverage Provider (see instructions)															
16 Name Big Ins Co		17 Employer identification number (EIN) XX-XXXXXX		18 Contact telephone number XXX-XXX-XXXX											
19 Street address (including room or suite no.) 101 Main St		20 City or town Lexington		21 State or province KY											
				22 Country and ZIP or foreign postal code 40512											
Part IV Covered Individuals (Enter the information for each covered individual(s).)															
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 Anna Cendrick	XXX-XX-XXXX		<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"/>

Answer the following questions. It is not necessary to complete a tax return.

1. Does it matter that Anna has documentation of her own coverage but not of Cindy Lou’s coverage?
2. Mark enrolled and paid for Cindy Lou’s coverage. Is Anna eligible to report Cindy Lou’s coverage on her tax return?
3. How can Anna obtain evidence of Cindy Lou’s coverage?

[Skip to answers](#)

EXAMPLE 4A – DALLAS

Interview Notes

- Gregory and Alice Dallas are married and file jointly. They have no tax dependents.
 - Gregory: 682-XX-XXXX; DOB: 4/8/1987
 - Alice: 683-XX-XXXX; DOB: 12/13/1985
- They lived in Oklahoma City, OK (zip code: 73111) all year.
- Gregory's Form W-2 shows:
 - Box 1: \$18,000
 - Box 2: \$1,500
- Alice's Form W-2 shows:
 - Box 1: \$24,000
 - Box 2: \$1,900
- Gregory was enrolled in employer-sponsored insurance for the entire year. His share of the insurance premium was \$84 per month for coverage for himself only. Premiums of \$84 per month (\$1,008 for the year) were paid through a salary reduction agreement and excluded from gross income.
- Gregory's employer also offered family coverage at a cost of \$98 per week.
- Alice's employer did not offer insurance coverage. Alice did not enroll in coverage through Gregory's employer. Alice was uninsured all year.

Complete the ACA Worksheet in TaxWise and any other necessary tax forms.

1. How is coverage noted on the ACA Worksheet?

2. What is the amount on the Part A, Line 4 of the Affordability Worksheet?

3. What is the amount in the table in Part B of the Affordability Worksheet for each month January through December?

4. Is it necessary to complete Form 8965? If so, which exemption is claimed?

5. What is the amount on Form 1040, Line 61?

[Skip to answers](#)

EXAMPLE 4B

Interview Notes

All of the facts above are the same except:

- Alice's employer offered insurance coverage at a cost of \$150 per month for Alice's coverage only. Alice was employed there from January to July. She did not enroll and was uninsured.
- At her next job, which began in August, she was not offered insurance coverage. She was uninsured.
- (Assume her total income was the same as in Example 4A.)

Complete the ACA Worksheet in TaxWise and any other necessary tax forms.

6. For January through July, which plan cost is used to determine affordability in the table in Part B of the Affordability Worksheet? For August through December?

7. For which months is Alice eligible for an exemption? How does she claim it?

8. How is the ACA Worksheet completed for Alice?

9. What is the amount on Form 1040, Line 61?

[Skip to answers](#)

EXAMPLE 5A – EVANS

Interview Notes

- Max Evans is Single and has no dependents.
 - Max: 684-XX-XXXX; DOB: 7/21/1984
- He lived in Johnstown, PA all year (zip code: 15905, Cambria County).
- Max was unemployed and had no income January through March.
- He started a new job on April 28 and remained in that job for the rest of the year. He was not offered employer-sponsored coverage.
- His Form W-2 shows:
 - Box 1: \$17,500
 - Box 2: \$800
- Max was uninsured all year.

Prepare the ACA Worksheet, Affordability Worksheet and Marketplace Affordability Worksheet in TaxWise.

1. What lowest cost bronze plan (LCBP) premium is entered on Line 1 of the Marketplace Affordability Worksheet?
2. What second lowest cost silver plan (SLCSP) premium is entered on Line 10 of the Marketplace Affordability Worksheet?
3. What number is on Part B, Line 3 of the Affordability Worksheet?
4. What is the amount on Form 1040, Line 61?

[Skip to answers](#)

EXAMPLE 5B – EVANS

Interview Notes

All of the facts above are the same except:

- The job Max started on April 28 offered health coverage, starting immediately. Max's share of the premium was \$85 per pay period (every 2 weeks) beginning on April 28. Max did not enroll.
- Use the Annualized Premium Worksheet (from [Form 8965 instructions, p. 9](#)) to compute the premium for the part-year period when Max was offered employer-sponsored coverage. There are 18 pay periods between April 28 and the end of the year and insurance costs \$85 per pay period.

Annualized Premium Worksheet	
	Complete a separate worksheet for each part-year period.
1. Enter the premiums paid during the part-year period	_____
2. Enter the number of full months in the part-year period	_____
3. Divide line 1 by line 2	_____
4. Multiply line 3 by 12.0. This is your annualized premium	_____

5. What is the result (Line 4) of the Annualized Premium Worksheet?
6. Does Max qualify for the affordability exemption for any months of 2015?
7. What is the amount on Form 1040, Line 61?

[Skip to answers](#)

EXAMPLE 6 – GORDON

Interview Notes

- Summer Gordon is Single with no dependents.
 - Summer: 688-XX-XXXX; DOB: 3/11/1992
- She lived in Los Angeles, CA, all year (zip code: 90017, Los Angeles County).
- Summer's Form W-2 shows:
 - Box 1: \$13,000
 - Box 2: \$400
- Summer's LCBP is \$166.
- Summer was not offered insurance by her employer and was uninsured all year.
- California is a Medicaid expansion state and Summer has income that qualifies her for Medicaid.

Complete the ACA Worksheet in TaxWise and any other necessary tax forms.

- 1. What second lowest cost silver plan (SLCSP) premium is entered on Line 10 of the Marketplace Affordability Worksheet?**
- 2. What is the amount on Line 13 of the Marketplace Affordability Worksheet?**
- 3. Can Summer claim the affordability exemption for the year?**

[Skip to answers](#)

EXAMPLE 7 – FINCH

Interview Notes

- Jacob and Mary Ellen Finch are married and will file jointly.
 - Jacob: 685-XX-XXXX; DOB: 10/13/1949
 - Mary Ellen: 686-XX-XXXX; DOB: 11/14/1952
- They lived in Flagstaff, AZ (zip code: 86003, Coconino County) all year.
- Their granddaughter, Allison Smith, qualifies and is claimed as their tax dependent. She moved in with them in January and lived with them all year.
 - Allison: 687-XX-XXXX; DOB: 7/14/2007
- Mary Ellen's W-2 shows:
 - Box 1: \$22,000
 - Box 2: \$400
- Jacob is retired. He collects \$1,100 per month in Social Security benefits.
- Jacob was enrolled in Medicare all year.
- Allison was enrolled in the Children's Health Insurance Program (CHIP) all year.
- Mary Ellen was uninsured and was not offered insurance through her employer.

Prepare the ACA Worksheet, Affordability Worksheet and Marketplace Affordability Worksheet in TaxWise.

- 1. On the Marketplace Affordability Worksheet, which family members are included in Line 1? What is the amount on Line 1?**
- 2. On the Marketplace Affordability Worksheet, which family members are included in Line 10? What is the amount on Line 10?**
- 3. What is Mary Ellen's annualized premium (the result of the Marketplace Affordability Worksheet)?**
- 4. Is Mary Ellen eligible for the affordability exemption?**
- 5. What is the amount on Form 1040, Line 61?**

[Skip to answers](#)

EXAMPLE 8 – COOK

Interview Notes

- Doug and Mabel Cook are married and will file jointly.
 - Doug: 695-XX-XXXX; DOB: 10/13/1949
 - Mabel: 696-XX-XXXX; DOB: 11/14/1952
- They lived in Flagstaff, AZ (zip code: 86003, Coconino County) all year.
- Their grandson, Billy Smith, qualifies and is claimed as their tax dependent.
 - Billy: 697-XX-XXXX; DOB: 7/14/2007
- From January to May, Billy lived with his mother in Waco, TX (zip code: 76705, McLennan County).
- Billy moved in with Doug and Mabel on June 1.
- Mabel's W-2 shows:
 - Box 1: \$22,000
 - Box 2: \$1,200
- Doug is retired. He collects \$1,100 per month in Social Security benefits.
- Doug was enrolled in Medicare all year.
- Mabel was enrolled in insurance offered by her employer all year.
- Billy was uninsured January through August. He did not have access to employer-sponsored insurance at any point. While living in Texas, Billy was eligible for Medicaid but was not enrolled. After he moved to Arizona, he continued to be eligible for Medicaid and was uninsured until September, when the school helped his grandparents enroll him in Medicaid. He had coverage September through December.

Hint: Because Billy was in a different zip code for part of the year, you'll need to use the Tax Tool twice. The Tax Tool will only allow you to enter multiple zip codes for the primary taxpayer. Calculate the LCBP and SLCSP for Doug and Mabel in their zip code. Then go back to the beginning of the tool to calculate the LCBP and SLCSP for Billy when he lived in Waco for January through May and Flagstaff in June through August. Add the two LCBP amounts together and enter in Line 1 of the Marketplace Worksheet. Do the same for the SLCSP on Line 10.

Prepare the ACA Worksheet, Affordability Worksheet and Marketplace Affordability Worksheet in TaxWise.

1. Billy lived in Texas at the beginning of the year. Is he eligible for the exemption for residing in a state that did not expand Medicaid (Code G)?
2. On the Marketplace Affordability Worksheet, who is included on Line 1 of the Marketplace Affordability Worksheet?
3. What is the amount on Line 1?
4. On the Marketplace Affordability Worksheet, who is included on Line 10?
5. Is Billy eligible for an exemption based on affordability?
6. What is the amount on Form 1040, Line 61?

[Skip to answers](#)

EXAMPLE 9 – TESTER

Interview Notes

- Jake and Nina Tester are married and will file a joint tax return.
 - Jake: 690-XX-XXXX; DOB: 1/17/1978
 - Nina: 691-XX-XXXX; DOB: 2/25/1977
- They lived in St Louis, MO all year (zip code: 63110)
- Their son, Roman, was born April 1 and is their tax dependent.
 - Roman: 692-XX-XXXX; DOB: 4/1/2015
- Jake had self-employment income of \$23,000 on a 1099-MISC. He had no expenses.
- Nina’s W-2 shows:
 - Box 1: \$15,500
 - Box 2: \$900
- Jake and Nina were enrolled in coverage through the health insurance marketplace for the entire year. They enrolled Roman in the same coverage; the coverage effective date was Roman’s date of birth. Below are excerpts of Jake and Nina’s two 1095-As.

Complete the ACA Worksheet in TaxWise and any other necessary tax forms.

1. What is the net premium tax credit?

2. Is it necessary to complete Form 8965 to claim a coverage exemption?

1095-A

Part II Covered Individuals					
	A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16	NINA TESTER		1/17/1978	01/01/2015	03/31/2015
17	JAKE TESTER		2/25/1977	01/01/2015	03/31/2015
18					
19					
20					
Part III Coverage Information					
	Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit	
21	January	480	446	60	
22	February	480	446	60	
23	March	480	446	60	
24	April				
25	May				
26	June				
27	July				
28	August				
29	September				
30	October				
31	November				
32	December				
33	Annual Totals	1440	1338	180	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60703Q Form 1095-A (2015)

Part II Covered Individuals					
	A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16	NINA TESTER	691-XX-XXXX	02/25/1977	04/01/2015	12/31/2015
17	JAKE TESTER	690-XX-XXXX	01/17/1978	04/01/2015	12/31/2015
18	ROMAN TESTER	692-XX-XXXX	04/01/2015	04/01/2015	12/31/2015
19					
20					
Part III Coverage Information					
Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit		
21 January					
22 February					
23 March					
24 April	560	560	340		
25 May	560	560	340		
26 June	560	560	340		
27 July	560	560	340		
28 August	560	560	340		
29 September	560	560	340		
30 October	560	560	340		
31 November	560	560	340		
32 December	560	560	340		
33 Annual Totals	5040	5040	3060		

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60703Q Form **1095-A** (2015)

Skip to answers

Answers

EXAMPLE 1A – ADAMS

1. How is the ACA Worksheet completed?

At the top of the ACA Worksheet, answer the first question (asking about Marketplace coverage) No and the second question (asking about exemption) No. Since everyone had coverage for every month of the year, mark the first bubble for each person to indicate that they had coverage or exemption for the entire year. It doesn't matter that Janey had multiple sources of coverage because she had coverage for at least one day of every month. Ava is considered to have had full-year coverage or exemption because she had coverage for the full months after her birth (October – December).

2. What is the amount on Form 1040, Line 61?

Line 61 should be blank. The box should be checked for full-year coverage.

3. Is it necessary to complete Form 8965? If so, which exemption is claimed and for whom?

No, it's not necessary to complete Form 8965 because everyone had coverage in every month in which they had a coverage requirement.

EXAMPLE 1B

4. How is the ACA Worksheet completed?

At the top of the ACA Worksheet, answer the first question (asking about Marketplace coverage) No and the second question (asking about exemption) No. For Fred and Sandy, mark the first bubble indicating that they had coverage or exemption for the entire year. For Janey, mark the second bubble to note that she had coverage/exemption in some months and a shared responsibility payment in other months. Then check the boxes beside January, February and March to indicate that an SRP applies in those months. (Based on the information given, she does not appear to be eligible for an exemption. Note that Janey does not qualify for the short coverage gap exemption (Code B) because her gap in coverage was not *less than* 3 months.) For Ava, mark the first bubble because she had coverage or exemption all year.

<u>JANEY ADAMS</u>	<input type="radio"/> Had minimum essential coverage and / or is applying for or was granted an exemption for the entire year
	<input checked="" type="radio"/> Had minimum essential coverage and / or is applying for or was granted an exemption for part of the year
	<input type="radio"/> Did not have minimum essential coverage and is not claiming an exemption for any part of the year
Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965	<input checked="" type="checkbox"/> January <input checked="" type="checkbox"/> February <input checked="" type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December
<u>AVA ADAMS</u>	<input checked="" type="radio"/> Had minimum essential coverage and / or is applying for or was granted an exemption for the entire year

5. What is the amount on Form 1040, Line 61?

Line 61 is \$122. This is 2% of income above the filing threshold for the three months Janey was uninsured. On Page 2 of the ACA Worksheet, do not add Janey's income on Line 7 because her income is below the tax filing threshold.

5 Multiply line 4 by \$325 for each month, maximum of \$975	325	325	325	0	0	0	0	0	0	0	0	0	0	0
6 Sum of the number of boxes checked on line 1 above for the year													3	
7 Modified AGI for this return Enter the total modified AGI for any dependent included in this return who is required to file a tax return - F3 if zero Household income													45000	
8 Filing threshold													20600	
9 Subtract line 8 from line 7													24400	
10 Multiply line 9 by 2%													488	
11 Is line 10 more than \$975? <input type="checkbox"/> Yes. Multiply line 10 by the number of months for which line 1 is more than zero. <input checked="" type="checkbox"/> No. Amount calculated based on worksheet B													1464	
12 Divide line 11 by 12													122	
13 Multiply line 6 by \$207													621	
14 Smaller of line 12 or line 13													122	

6. Is it necessary to complete Form 8965? If so, which exemption is claimed and for whom?

Yes, use Form 8965 to complete an exemption for Ava. In Part III, write her full name and SSN and use Code H for months January through August. (She is also eligible for an exemption in September but doesn't need to claim it because she had coverage for at least one day of that month.) An exemption was not necessary in Example 1A because we were able to check the box on Line 61 to indicate that everyone on the return had coverage all year. Here, we can't check the box due to Janey's three months without coverage. Therefore, we need to indicate the exemption for the months when Ava did not have a coverage requirement and did not have coverage. See Pub 4012, ACA-6, for the description of when to use Code H.

Part III: Coverage Exemptions Claimed on Your Return for Individuals																
If you and / or a member of your tax household are claiming an exemption on your return, complete Part III. If you need more space, use the continuation sheet to list additional individuals.																
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 AVA ADAMS		H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

EXAMPLE 2 – BACON

1. How is coverage noted on the ACA Worksheet for Jonah?

Determine that he is eligible for an exemption for having household income below the filing threshold. Then, answer the second general question at the top, regarding adding Form 8965, Yes. Also, mark the first bubble to indicate full year coverage or exemption.

Did the taxpayer, spouse, or any dependent receive insurance through the Marketplace? See Form 8962	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was the taxpayer, spouse, or any dependent granted a Marketplace exemption or do you want to apply for a Marketplace, household income, or gross income exemption? See Form 8965	<input checked="" type="radio"/> Yes <input type="radio"/> No
JONAH BACON	<input checked="" type="radio"/> Had minimum essential coverage and / or is applying for or was granted an exemption for the entire year <input type="radio"/> Had minimum essential coverage and / or is applying for or was granted an exemption for part of the year <input type="radio"/> Did not have minimum essential coverage and is not claiming an exemption for any part of the year
Check the boxes for each month this person did not have minimum essential coverage and is NOT claiming an exemption on Form 8965	<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December

2. What is the amount on Form 1040, Line 61?

Line 61 is blank.

3. Is it necessary to file Form 8965? If so, which exemption is claimed?

Yes, it is necessary to file Form 8965. TaxWise will automatically check Yes to claim the exemption on Line 7a if household income is below the filing threshold. Always review Form 8965 to make sure it is correct.

Part II: Coverage Exemptions for Your Household Claimed on Your Return	
Filing threshold	10300
Household income from ACA worksheet	8500
Estimated gross income entered in this return	8500
7a Are you claiming an exemption because your household income is below the filing threshold?	<input checked="" type="radio"/> Yes <input type="radio"/> No
b Are you claiming a hardship exemption because your gross income is below the filing threshold?	<input type="radio"/> Yes <input type="radio"/> No

EXAMPLE 3 – CENDRICK

1. Does it matter that Anna has documentation of her own coverage but not of Cindy Lou's coverage?

No, it doesn't matter. If you determine based on the interview that Cindy Lou had coverage, it's not necessary to see the Form 1095-B or -C to prove her months of coverage.

2. Mark enrolled and paid for Cindy Lou's coverage. Is Anna eligible to report Cindy Lou's coverage on her tax return?

Yes. Anna is properly claiming her daughter as a dependent and she can report whatever form of health insurance coverage her daughter had, even if she didn't fill out the enrollment paperwork herself and hasn't been responsible for paying the premium.

3. How can Anna obtain evidence of Cindy Lou's coverage?

If Anna would like to see evidence of coverage, she can ask Mark for the Form 1095-B or -C indicating Cindy Lou's coverage. But Anna may have other ways to document coverage, such as Cindy Lou's insurance card or insurance benefit statements that show that insurance paid for an office visit or prescription.

EXAMPLE 4A – DALLAS

1. How is coverage noted on the ACA Worksheet?

For Gregory, check the first box to indicate coverage or exemption all year. After completing the Affordability Worksheet and discovering her eligibility for the Code A Affordability exemption, do the same for Alice.

2. What is the amount on the Part A, Line 4 of the Affordability Worksheet?

\$3,462. Remember to add \$1,008, the amount of Gregory’s salary reduction agreement, on Line 2 to get the correct household income in Line 3.

Part A: Affordability Threshold	
1 Household income from ACA worksheet	42000
2 Premiums paid through a salary reduction arrangement and excluded from gross income	1008
3 Total of lines 1 and 2	43008
4 Affordability threshold	3462

3. What is the amount in the table in Part B of the Affordability Worksheet for January through December?

\$5,096 for each month. This is the cost of the employer-sponsored insurance available to Alice (\$98/wk x 52). We use the entire yearly cost for each month because we are comparing it to the affordability threshold – an annualized figure. Make sure you use an “apples-to-apples” comparison.

For each individual, coverage is unaffordable for the month and the individual is exempt if the Required Contribution Amount below is more than the Affordability Threshold in Part A. You must complete Part III of Form 8965 to apply for the coverage exemption.						
Members of your tax household	ALICE					
January	5096	0	0	0	0	
February	5096	0	0	0	0	
March	5096	0	0	0	0	
April	5096	0	0	0	0	
May	5096	0	0	0	0	
June	5096	0	0	0	0	
July	5096	0	0	0	0	
August	5096	0	0	0	0	
September	5096	0	0	0	0	
October	5096	0	0	0	0	
November	5096	0	0	0	0	
December	5096	0	0	0	0	

4. Is it necessary to complete Form 8965? If so, which exemption is claimed?

Yes, Alice is eligible for the Affordability Exemption (code A), claimed in Part III of Form 8965. She can claim code A because the annualized premium of employer-sponsored coverage available to her (\$5,096) is greater than the affordability threshold (\$3,462).

5. What is the amount on Form 1040, Line 61?

Line 61 is blank.

EXAMPLE 4B

6. For January through July, which plan cost is used to determine affordability in the table in Part B of the Affordability Worksheet? For August through December?

When a person has offers of coverage from different sources, look at the priority list on the Affordability Worksheet to determine which to use.

- 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). The policy must cover everyone in your tax household for whom a personal exemption is claimed, who is not eligible for employer coverage, and who does not qualify for another coverage exemption.
 - 3 The amount from the Marketplace Coverage Affordability Worksheet

For January to July, use the cost of employer-sponsored coverage offered to Alice from her own employer. Remember to annualize the amount (\$150/month x 12) since we're comparing to a percentage of year-end income. Each of those months should have the amount \$1,800.

For August to December, use the annualized cost of family coverage through Gregory's employer. That amount is \$5,096.

For each individual, coverage is unaffordable for the month and the individual is exempt if the Required Contribution Amount below is more than the Affordability Threshold in Part A. You must complete Part III of Form 8965 to apply for the coverage exemption.

Members of your tax household	ALICE					
January	1800	0	0	0	0	
February	1800	0	0	0	0	
March	1800	0	0	0	0	
April	1800	0	0	0	0	
May	1800	0	0	0	0	
June	1800	0	0	0	0	
July	1800	0	0	0	0	
August	5096	0	0	0	0	
September	5096	0	0	0	0	
October	5096	0	0	0	0	
November	5096	0	0	0	0	
December	5096	0	0	0	0	

7. For which months is Alice eligible for an exemption? How does she claim it?

Alice is eligible for an exemption August through December because her cost of coverage is greater than her affordability threshold in Part A of the Affordability Worksheet. She is not eligible for an exemption in January through July because her insurance cost (\$1800) is less than her Affordability threshold (\$3,462).

She claims the exemption on Form 8965, Part III, by entering her name, SSN, code A and checking the months August through December.

8. How is the ACA Worksheet completed for Alice?

ALICE DALLAS

- Had minimum essential coverage and / or is applying for or was granted an exemption for the entire year
- Had minimum essential coverage and / or is applying for or was granted an exemption for part of the year
- Did not have minimum essential coverage and is not claiming an exemption for any part of the year

Check the boxes for each month this person did not have minimum essential coverage and is **NOT** claiming an exemption on Form 8965

- | | | | | | | |
|---|--|---|---|---|--|--|
| <input checked="" type="checkbox"/> January | <input checked="" type="checkbox"/> February | <input checked="" type="checkbox"/> March | <input checked="" type="checkbox"/> April | <input checked="" type="checkbox"/> May | <input checked="" type="checkbox"/> June | <input checked="" type="checkbox"/> July |
| <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December | | |

9. What is the amount on Form 1040, Line 61?

\$250

EXAMPLE 5A – EVANS

1. What lowest cost bronze plan (LCBP) premium is entered on Line 1 of the Marketplace Affordability Worksheet?

\$152. Since Max is not eligible for another exemption or for employer-sponsored coverage, we look at the cost of the LCBP available in the Marketplace. We find this using the tool at: www.healthcare.gov/tax-tool (or, if you have a state-based marketplace, use your state's tool).

In the healthcare.gov Tax Tool, the LCBP is determined primarily by this question:

Health coverage eligibility and exemption status

Step 1 of 2: **Family member 1**

Select the months that this family member:

- **Was** eligible for employer coverage OR
- **Had** another coverage exemption

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April
<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> August
<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

SELECT ALL MONTHS **UNSELECT ALL MONTHS**

CONTINUE

Because Max is not eligible for employer-sponsored coverage and did not have another coverage exemption, do not check any boxes on this screen. Hit Continue.

2. What second lowest cost silver plan (SLCSP) premium is entered on Line 10 of the Marketplace Affordability Worksheet?

\$185. The SLCSP is needed to calculate how much premium tax credit Max would have been eligible for, had he applied. This reduces the cost of the LCBP. This is calculated by the same tool above.

In the healthcare.gov Tax Tool, the SLCSP is determined primarily by this question:

Health coverage eligibility and exemption status

Step 2 of 2: Family member 1

Select the months in 2015 that this family member was eligible for coverage outside the Marketplace, like Medicare, Medicaid, CHIP, or an employer plan.

Any months for which you indicated that this family member was eligible for other coverage or qualified for another exemption are disabled. This family member is either not eligible for or does not need an affordability exemption for these months.

January February March April
 May June July August
 September October November December

The question asks you to check the months the family member was enrolled in *or eligible for* government-sponsored or employer-sponsored coverage. It can be difficult to know whether someone might have been eligible for Medicaid, in particular. Based on his year-end income, Max would not have been eligible for Medicaid, even though he had no income for several months of the year. Here, check no boxes and hit Continue.

3. What number is on Part B, Line 3 of the Affordability Worksheet?

\$312. This number was the result of the Marketplace Affordability Worksheet. (Note that this is the annualized premium Max would pay for the LCBP, after taking into account the available premium tax credits.) Since Max’s situation didn’t change throughout the year, this annualized premium is entered for January through December. The annualized premium Max would pay (\$312/year) is less than his affordability threshold in Part A, Line 4 of the Affordability Worksheet (\$1,409). Therefore, Max does not qualify for an exemption based on affordability. The two affordability worksheets were completed to investigate the possibility that Max would qualify for an affordability exemption, but since Max doesn’t qualify, Form 8965 is not prepared. On the ACA Worksheet, mark the third bubble for no coverage or exemption all year.

4 Affordability threshold						1409
Part 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.						
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). The policy must cover everyone in your tax household for whom a personal exemption is claimed, who is not eligible for employer coverage, and who does not qualify for another coverage exemption.						
3 The amount from the Marketplace Coverage Affordability Worksheet						312
For each individual, coverage is unaffordable for the month and the individual is exempt if the Required Contribution Amount below is more than the Affordability Threshold in Part A. You must complete Part III of Form 8965 to apply for the coverage exemption.						
Members of your tax household	MAX					
January	312	0	0	0	0	0
February	312	0	0	0	0	0
March	312	0	0	0	0	0

4. What is the amount on Form 1040, Line 61?

\$325.

5 Multiply line 4 by \$325 for each month, maximum of \$975	325	325	325	325	325	325	325	325	325	325	325	325	325
6 Sum of the number of boxes checked on line 1 above for the year													12
7 Modified AGI for this return Enter the total modified AGI for any dependent included in this return who is required to file a tax return - F3 if zero Household income													17500
8 Filing threshold													10300
9 Subtract line 8 from line 7													7200
10 Multiply line 9 by 2%													144
11 Is line 10 more than \$975? <input type="checkbox"/> Yes. Multiply line 10 by the number of months for which line 1 is more than zero. <input checked="" type="checkbox"/> No. Amount calculated based on worksheet B													3900
12 Divide line 11 by 12													325
13 Multiply line 6 by \$207													2484
14 Smaller of line 12 or line 13													325

EXAMPLE 5B

5. What is the result (Line 4) of the Annualized Premium Worksheet?

\$2,292. The total premium that would have been paid during the part-year period is \$1,530 (\$85/pay period x 18 pay periods). The number of full month in the part-year period is 8 (May through December). The annualized premium is \$2,292 (or \$2,295, depending on rounding).

Annualized Premium Worksheet

 Complete a separate worksheet for each part-year period.

1. Enter the premiums paid during the part-year period _____

2. Enter the number of full months in the part-year period _____

3. Divide line 1 by line 2 _____

4. Multiply line 3 by 12.0. This is your annualized premium _____

6. Does Max qualify for the affordability exemption for any months of 2015?

Yes, he qualifies for the affordability exemption in April through December because the annualized premium cost of \$2,292 for those months is greater than the affordability threshold of \$1,409.

Part A: Affordability Threshold	
1 Household income from ACA worksheet	17500
2 Premiums paid through a salary reduction arrangement and excluded from gross income	0
3 Total of lines 1 and 2	17500
4 Affordability threshold	1409

3 The amount from the Marketplace Coverage Affordability Worksheet

312

For each individual, coverage is unaffordable for the month and the individual is exempt if the Required Contribution Amount below is more than the Affordability Threshold in Part A. You must complete Part III of Form 8965 to apply for the coverage exemption.

Members of your tax household	MAX					
January	312	0	0	0	0	0
February	312	0	0	0	0	0
March	312	0	0	0	0	0
April	2292	0	0	0	0	0
May	2292	0	0	0	0	0
June	2292	0	0	0	0	0
July	2292	0	0	0	0	0
August	2292	0	0	0	0	0
September	2292	0	0	0	0	0
October	2292	0	0	0	0	0
November	2292	0	0	0	0	0
December	2292	0	0	0	0	0

He claims the exemption on Form 8965, Part III, by entering his name, SSN, code A and checking the months April through December.

Part III: Coverage Exemptions Claimed on Your Return for Individuals

If you and / or a member of your tax household are claiming an exemption on your return, complete Part III. If you need more space, use the continuation sheet to list additional individuals.

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 MAX EVANS		A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								

7. What is the amount on Form 1040, Line 61?

\$81.

5 Multiply line 4 by \$325 for each month, maximum of \$975	325	325	325	0	0	0	0	0	0	0	0	0	0	0	
6 Sum of the number of boxes checked on line 1 above for the year															3
7 Modified AGI for this return															17500
Enter the total modified AGI for any dependent included in this return who is required to file a tax return - F3 if zero															0
Household income															17500
8 Filing threshold															10300
9 Subtract line 8 from line 7															7200
10 Multiply line 9 by 2%															144
11 Is line 10 more than \$975?															
<input type="checkbox"/> Yes. Multiply line 10 by the number of months for which line 1 is more than zero.															
<input checked="" type="checkbox"/> No. Amount calculated based on worksheet B															975
12 Divide line 11 by 12															81
13 Multiply line 6 by \$207															621
14 Smaller of line 12 or line 13															81

EXAMPLE 6 – GORDON

1. What second lowest cost silver plan (SLCSP) premium is entered on Line 10 of the Marketplace Affordability Worksheet?

Zero. Enter the LCBP (given in the Interview Notes) on Line 1 of the Marketplace Affordability Worksheet, select that Summer lives in the lower 48 states, and the worksheet will calculate her income in relation to the federal poverty line. At an income of 111% FPL in California, a state that expanded Medicaid, Summer is eligible for Medicaid. Therefore, she’s not included in the Line 10 calculation. Hit F3 to confirm that Line 10 is intended to be blank.

2. What is the amount on Line 13 of the Marketplace Affordability Worksheet?

\$1,992.

3. Can Summer claim the affordability exemption for the year?

Yes, because her annualized Marketplace premium of \$1,992 for each month of the year is greater than the Affordability threshold of \$1,047.

She claims the exemption on Form 8965, Part III, by entering her name, SSN, and code A for the entire year.

Part A: Affordability Threshold						
1 Household income from ACA worksheet						13000
2 Premiums paid through a salary reduction arrangement and excluded from gross income						0
3 Total of lines 1 and 2						13000
4 Affordability threshold						1047
Part B: Required Contribution Amount						
<p>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.</p> <p>Options (use the first that applies to each member of your tax household, including you, for each month)</p> <p>1 The lowest cost self-only policy offered to each member of your tax household by his or her employer.</p> <p>2 The lowest cost family policy offered by your employer or your spouse’s employer (if you are filing a joint return). The policy must cover everyone in your tax household for whom a personal exemption is claimed, who is not eligible for employer coverage, and who does not qualify for another coverage exemption.</p> <p>3 The amount from the Marketplace Coverage Affordability Worksheet 1992</p> <p>For each individual, coverage is unaffordable for the month and the individual is exempt if the Required Contribution Amount below is more than the Affordability Threshold in Part A. You must complete Part III of Form 8965 to apply for the coverage exemption.</p>						
Members of your tax household	SUMMER GOR					
January	1992	0	0	0	0	0
February	1992	0	0	0	0	0
March	1992	0	0	0	0	0
April	1992	0	0	0	0	0

EXAMPLE 7 – FINCH

1. On the Marketplace Affordability Worksheet, which family members are included in Line 1? What is the amount on Line 1?

Mary Ellen, Jacob and Allison are included on Line 1. Jacob and Allison are included because they did not have an offer of employer-sponsored insurance and were not exempt (even though they both had insurance coverage). The amount on Line 1 is \$1,265.

2. On the Marketplace Affordability Worksheet, which family members are included in Line 10? What is the amount on Line 10?

Only Mary Ellen is included on Line 10. Jacob and Allison are not included because they were enrolled in other coverage and were not eligible for a premium tax credit. Her SLCSP is \$671.

3. What is Mary Ellen's annualized premium (the result of the Marketplace Affordability Worksheet)?

The result of the Marketplace Affordability Worksheet is \$9,000. Carry this amount to every month on the Affordability Worksheet because Mary Ellen was uninsured and eligible for Marketplace insurance in each month

4 Affordability threshold		1771				
Part 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.						
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). The policy must cover everyone in your tax household for whom a personal exemption is claimed, who is not eligible for employer coverage, and who does not qualify for another coverage exemption.						
3 The amount from the Marketplace Coverage Affordability Worksheet						9000
For each individual, coverage is unaffordable for the month and the individual is exempt if the Required Contribution Amount below is more than the Affordability Threshold in Part A. You must complete Part III of Form 8965 to apply for the coverage exemption.						
Members of your tax household	MARY ELLEN					
January	9000	0	0	0	0	0
February	9000	0	0	0	0	0
March	9000	0	0	0	0	0

4. Is Mary Ellen eligible for the affordability exemption?

Yes. Mary Ellen's annualized marketplace premium is greater than the affordability threshold on the Affordability Worksheet. Therefore, Mary Ellen qualifies for a Code A exemption.

File Form 8965. In Part III, include Mary Ellen's full name, social security number and Code A for the full year. Make sure that the ACA Worksheet reflects that everyone had coverage or exemption for the entire year by marking the first bubble for each individual.

5. What is the amount on Form 1040, Line 61?

Line 61 is blank. Mary Ellen qualifies for exemption for every month she was uninsured. Complete Form 8965 and enter Code A for the entire year for Mary Ellen.

EXAMPLE 8 – COOK

1. Billy lived in Texas at the beginning of the year. Is he eligible for the exemption for residing in a state that did not expand Medicaid (Code G)?

No, he doesn't qualify because household income is higher than 138% FPL (\$27,310 for a family of 3). (The federal poverty level can be found on page ACA-13 of Publication 4012.) Remember that for this exemption, Doug's non-taxable social security income is included in household income. That brings their household income to \$41,200. The Code G exemption does not apply. If his household had income under 138% FPL, he would have been eligible for the exemption for the entire year, even though he lived in a non-expansion state for only part of the year.

2. On the Marketplace Affordability Worksheet, who is included on Line 1 of the Marketplace Affordability Worksheet?

Billy and Doug are included on Line 1. Neither had an offer of employer-sponsored coverage or qualified for an exemption. Mabel is not included on Line 1 because she had an offer of employer-sponsored coverage. (She would be excluded from Line 1 whether or not she enrolled in the coverage offered by her employer.)

3. What is the amount on Line 1?

We need to add the results of the Tax Tool for Doug and Mabel as one household in the 86003 zip code all year plus Billy in two different zip codes. The result of the Tax Tool for Doug and Mabel is a LCBP of \$583 for the entire year. (Note that the Tool asks for everyone in the household, but when you note that Mabel was eligible for employer-sponsored coverage all year, she will be excluded from the LCBP calculation. You could get the same answer by

LCBP	Doug (& Mabel)	Billy	Total (Amt on Line 1)
Jan	\$ 583	\$ 93	\$ 676
Feb	\$ 583	\$ 93	\$ 676
Mar	\$ 583	\$ 93	\$ 676
Apr	\$ 583	\$ 93	\$ 676
May	\$ 583	\$ 93	\$ 676
June	\$ 583	\$ 123	\$ 706
July	\$ 583	\$ 123	\$ 706
Aug	\$ 583	\$ 123	\$ 706

excluding her from the Tool; however, for recordkeeping purposes, it might be helpful to include her in the Tool so the results that are printed and kept with the taxpayers records show the entire family.)

Start the tool over again for Billy and note which months he lived in each state. His LCBP is \$93 for January through May and \$123 for June through August.

Therefore, the amount on Line 1 for the months January through May is \$676. For June through August, it's \$706. TWO 2015 doesn't allow multiple Marketplace Affordability Worksheets as of 1/5/16. Complete the worksheet for the first time period, then re-enter values for the second time period.

4. On the Marketplace Affordability Worksheet, who is included on Line 10?

No one! Doug and Mabel both have other coverage. Billy was eligible for Medicaid for the entire year, according to the facts. Line 10 is zero in both time periods. Using the Tax Tool, the SLCSP for Doug and Mabel and for Billy should both be zero.

5. Is Billy eligible for an exemption based on affordability?

Yes. The annualized premium for each month is greater than the affordability threshold of \$1,771. File Form 8965. In Part III, enter Billy's name, social security number, and Code A for the months January through August. On the ACA Worksheet, select the first bubble for Billy because he had exemption or coverage all year.

4 Affordability threshold

1771

Part 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.

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).
The policy must cover everyone in your tax household for whom a personal exemption is claimed, who is not eligible for employer coverage, and who does not qualify for another coverage exemption.
- 3 The amount from the Marketplace Coverage Affordability Worksheet

8472

For each individual, coverage is unaffordable for the month and the individual is exempt if the Required Contribution Amount below is more than the Affordability Threshold in Part A. You must complete Part III of Form 8965 to apply for the coverage exemption.

Members of your tax household	BILLY					
January	8112	0	0	0	0	0
February	8112	0	0	0	0	0
March	8112	0	0	0	0	0
April	8112	0	0	0	0	0
May	8112	0	0	0	0	0
June	8472	0	0	0	0	0
July	8472	0	0	0	0	0
August	8472	0	0	0	0	0

6. What is the amount on Form 1040, Line 61?

Zero. There is no shared responsibility payment.

	A Monthly enrollment premiums Form 1095-A lines 21 - 32 column a	B Monthly applicable SLCSP premium 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	480	446	175	271	271	60
13 February	480	446	175	271	271	60
14 March	480	446	175	271	271	60
15 April	560	560	175	385	385	340
16 May	560	560	175	385	385	340
17 June	560	560	175	385	385	340
18 July	560	560	175	385	385	340
19 August	560	560	175	385	385	340
20 Sept	560	560	175	385	385	340
21 October	560	560	175	385	385	340
22 Nov	560	560	175	385	385	340
23 Dec	560	560	175	385	385	340
24 Total premium tax credit						4278
25 Advance payment of PTC						3240
26 Net premium tax credit						1038

2. Is it necessary to complete Form 8965 to claim a coverage exemption?

No. Roman had coverage in all of the full months after birth and his parents otherwise had coverage all year. On the ACA Worksheet, mark that they all had coverage all year. TaxWise should check the box on Form 1040, Line 61.