



Instructions for Form 8962

Premium Tax Credit (PTC)



Complete Form 8962 *only* for health insurance coverage in a [qualified health plan](#) (described later) purchased through a Health Insurance Marketplace (also known as an Exchange). This includes a qualified health plan purchased on healthcare.gov or through a State Marketplace.

Future Developments

For the latest information about developments related to Form 8962 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form8962.

Reminder for 2015

Report changes in circumstances when you re-enroll in coverage and during the year. If [advance payments of the premium tax credit \(APTC\)](#) were made in 2014 or are made in 2015 for an individual in your [tax family](#) (described later) and you have had certain changes in circumstances (see the examples below), it is important that you report them to the Marketplace where you enroll. Reporting changes in circumstances promptly will allow the Marketplace to adjust your APTC to more accurately reflect the [premium tax credit \(PTC\)](#) you are estimated to be able to take on your tax return. Adjusting your APTC when you re-enroll in coverage and during the year can help you avoid owing tax when you file your tax return. Changes that you should report to the Marketplace include the following.

- Changes in [household income](#).
- Moving to a different address.
- Gaining or losing eligibility for other health care coverage.
- Gaining, losing, or other changes to employment.
- Birth or adoption.
- Marriage or divorce.
- Other changes affecting the composition of your [tax family](#).

General Instructions

Purpose of Form

Use Form 8962 to figure the amount of your [PTC](#) and reconcile it with any [APTC](#) paid.

What is the Premium Tax Credit (PTC)?

Premium tax credit (PTC). The PTC is a tax credit for certain people who enroll, or whose family member enrolls, in a [qualified health plan](#) offered through a Marketplace. The credit provides financial assistance to pay the premiums by reducing the amount of tax you owe, giving you a refund, or increasing your refund amount. You must file Form 8962 to compute and take the PTC on your tax return.

Advance payment of the premium tax credit (APTC). APTC is a payment made for coverage during the year to your insurance provider that pays for part or all of the premiums for the coverage of you or an individual in your [tax family](#). Your APTC eligibility is based on the Marketplace's estimate of the PTC you will be able to take on your tax return. If APTC was paid

for you or an individual in your tax family, you must file Form 8962 to reconcile (compare) this APTC with your PTC. If the APTC is more than your PTC, you have excess APTC and you must repay the excess, subject to certain limitations. If your PTC is more than the APTC, you can reduce your tax payment or increase your refund by the difference.

Note. The Marketplace determined your eligibility for 2014 APTC using projections of your income and your number of personal exemptions when you enrolled in a [qualified health plan](#). If this information changed during 2014 and you did not promptly report it to the Marketplace, the amount of APTC paid may be substantially different from the amount of PTC you can take on your tax return. See [Report changes in circumstances when you re-enroll in coverage and during the year](#), earlier, for changes that can affect the amount of your PTC.

Additional Information

You will need Form 1095-A, Health Insurance Marketplace Statement, to complete Form 8962. The Marketplace is required to provide or send Form 1095-A to the tax filer(s) identified in the enrollment application by January 31, 2015. If you are the tax filer expecting to receive Form 1095-A for a [qualified health plan](#) and you do not receive it by early February, contact the Marketplace.

Under certain circumstances, for example in the case of a divorce during the year, the Marketplace will provide Form 1095-A to one taxpayer, but another taxpayer will also need the information from that form to complete Form 8962. The recipient of Form 1095-A should provide a copy to other taxpayers as needed.

For additional information on the PTC, see Publication 974, Premium Tax Credit (PTC). You can also visit www.irs.gov and enter "premium tax credit" in the search box.

Self-employed health insurance deduction. If you are claiming the self-employed health insurance deduction for health insurance premiums, see Pub. 974.

Who Must File

You must file Form 8962 with your income tax return (Form 1040, Form 1040A, or Form 1040NR) if any of the following apply to you.

- You are taking the PTC.
- APTC was paid for you or another individual in your [tax family](#).
- APTC was paid for an individual (including you) for whom you told the Marketplace you would claim a personal exemption and neither you nor anyone else claims a personal exemption for that individual. See [Individual you enrolled for whom no taxpayer will claim a personal exemption](#) under *Lines 12 through 23—Monthly Calculation*, later.

If any of the circumstances above apply to you, you must file an income tax return and attach Form 8962 even if you are not otherwise required to file. You must file Form 1040, Form 1040A, or Form 1040NR.

If you are claimed as a dependent, the person who claims you will file Form 8962 to take the PTC and, if necessary, repay excess APTC for your coverage. You do not need to file Form 8962.



If you are filing Form 8962, you cannot file Form 1040EZ, Form 1040NR-EZ, Form 1040-SS, or Form 1040-PR.



If someone else enrolled an individual in your [tax family](#) in coverage, and APTC was paid for that individual's coverage, you must file Form 8962 to reconcile the APTC. You need to obtain a copy of the Form 1095-A from the person who enrolled the individual.

Who Can Take the PTC

You can take the PTC for 2014 if you meet all of the conditions under (1) and (2) below.

1. For at least one month of the year, all of the following were true.
 - a. An individual in your [tax family](#) was enrolled in a [qualified health plan](#) offered through the Marketplace.
 - b. The individual was not eligible for minimum essential coverage, other than coverage in the individual market (see [Minimum essential coverage](#), later).
 - c. The portion of the [enrollment premiums](#) for the month for which you are responsible was paid by the due date of your tax return (not including extensions).
2. You are an [applicable taxpayer](#). To be an applicable taxpayer, you must meet all of the following requirements.
 - a. For 2014, your [household income](#) is at least 100% but no more than 400% of the Federal poverty line for your family size (see [Household income below 100% of the Federal poverty line](#), later, for certain exceptions).
 - b. No one can claim you as a dependent on a tax return for 2014.
 - c. If you were married at the end of 2014, you must generally file a joint return. However, filing a separate return from your spouse will not disqualify you from being an applicable taxpayer if you meet certain requirements described under [Married taxpayers](#), later.

You are not entitled to the PTC for your own health coverage for any period during which you are not lawfully present in the United States.

For additional requirements and more details, see [Applicable taxpayer](#), later.

Terms You May Need to Know

Tax family. For purposes of the PTC, your tax family consists of the individuals for whom you claim a personal exemption on your tax return (generally you, your spouse with whom you are filing a joint return, and your dependents). Your personal exemptions are reported on your Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d. Your family size equals the number of individuals in your tax family. If no one, including you, claims a personal exemption for you, and you indicated to the Marketplace when you enrolled that you would claim your own personal exemption, see Pub. 974 for instructions on completing Form 8962.

Household income. For purposes of the PTC, household income is the modified adjusted gross income (modified AGI) of you and your spouse (if filing a joint return) (see [Line 2a](#), later) plus the modified AGI of each individual in your [tax family](#) whom you claim as a dependent and who is required to file a tax return because his or her income meets the income tax return filing threshold (see [Line 2b](#), later). Household income does not include the modified AGI of those individuals whom you claim as dependents and who are filing a 2014 return only to claim a refund of withheld income tax or estimated tax. If your household income is less than zero, enter -0- on line 3.

Modified AGI. For purposes of the PTC, modified AGI is the AGI on your tax return plus certain income that is not subject to tax (foreign earned income, tax-exempt interest, and the portion of social security benefits that is not taxable). Use [Worksheet 1-1](#) and [Worksheet 1-2](#), later, to determine your modified AGI.

Taxpayer's tax return including income of a dependent child. A taxpayer who includes the gross income of a dependent child on the taxpayer's tax return must include in modified AGI the child's tax-exempt interest and the portion of social security benefits that is not taxable.

Monthly credit amount. The monthly credit amount is the amount of assistance in paying premiums for a month. Your PTC for the year is the sum of all of your monthly credit amounts. Your credit amount for each month is the lesser of:

- The [enrollment premiums](#) (described next) for the month for one or more [qualified health plans](#) in which you or any individual in your [tax family](#) enrolled; or
- The amount of the monthly [premium for your applicable second lowest cost silver plan \(SLCSP\)](#) (described below) less your [monthly contribution amount](#) (described below).

Enrollment premiums. The enrollment premiums are the total amount of the premiums for the month for one or more [qualified health plans](#) in which any individual in your [tax family](#) enrolled. Form 1095-A, Part III, column A, reports the enrollment premiums.

You are not allowed a monthly credit amount for the month if any part of the enrollment premiums for which you are responsible that month has not been paid by the due date of your tax return (not including extensions). Premiums another person pays on your behalf are treated as paid by you.

Premium for the applicable SLCSP. The premium for the applicable SLCSP is the second lowest cost silver plan premium offered through the Marketplace where you reside that applies to your [coverage family](#) (described below). The premium for the applicable SLCSP is not the same as your [enrollment premium](#), unless you enroll in the applicable SLCSP. Form 1095-A, Part III, column B, generally reports the premium for the applicable SLCSP.

Monthly contribution amount. Your monthly contribution amount is the amount you would be required to pay as your share of premiums each month if you enrolled in the [applicable SLCSP](#). Your monthly contribution amount is not based on the amount of premiums you paid out of pocket. You will compute your monthly contribution amount in Part 1 of Form 8962.

Termination for nonpayment of premiums. If you did not pay your premiums for three months and your policy was terminated, you are not allowed monthly credit amounts for those months. However, you continued to have coverage for at least the first month of nonpayment. If APTC was paid to your issuer you must repay it. See [Lines 12 through 23—Monthly Calculation](#), later.

Coverage family. Your coverage family includes all individuals in your [tax family](#) who are enrolled in a [qualified health plan](#) and are not eligible for [minimum essential coverage](#) (other than coverage in the individual market). The individuals included in your coverage family may change from month to month. If individuals in your tax family are not enrolled in a qualified health plan, or are enrolled in a qualified health plan but are eligible for minimum essential coverage (other than coverage in the individual market), they are not part of your coverage family.

Your [applicable SLCSP](#) is the SLCSP that applies to your coverage family. As a result, your PTC is only available to help you pay for the coverage of the individuals included in your coverage family.

Child born or adopted or placed with you for adoption or foster care during the month. If you enroll a newborn child (or a child newly adopted or placed with you for adoption or foster

care) in a [qualified health plan](#), and the child's coverage is effective as of the date of birth, adoption, or placement, the child is treated as enrolled as of the first day of the month the child was born, adopted, or placed with you for adoption or foster care. The child is included in your [coverage family](#) for the month of birth, adoption, or placement for adoption or in foster care.

Qualified health plan. For purposes of the PTC, a qualified health plan is a health insurance plan or policy purchased through a Marketplace at the bronze, silver, gold, or platinum level. Plans sold as "catastrophic" coverage and plans purchased through the Small Business Health Options Program (SHOP) do not qualify a taxpayer to take the PTC. Throughout these instructions, a qualified health plan is also referred to as a policy.

Minimum essential coverage. Under the health care law, certain health coverage is called minimum essential coverage. Even if you have coverage purchased through a Marketplace, you cannot take the PTC for any individual in your [tax family](#) for any month when that individual is eligible for minimum essential coverage, other than coverage in the individual market. Types of minimum essential coverage include:

- Government-sponsored programs (including most Medicaid coverage, Medicare parts A or C, the Children's Health Insurance Program (CHIP), and Tricare).
- Employer-sponsored coverage, if the premiums are affordable and the deductibles and co-pays are no more than a certain amount, or if you enroll.
- Other health coverage the Department of Health and Human Services designates as minimum essential coverage.

Coverage purchased in the individual market outside the Marketplace is minimum essential coverage. Eligibility for this type of coverage does not prevent you from being eligible for the PTC for Marketplace coverage, but it does not qualify for the PTC.

For more details on eligibility for minimum essential coverage, including special eligibility rules, see *Minimum Essential Coverage* in Pub. 974. You can also check www.irs.gov/uac/Individual-Shared-Responsibility-Provision for future updates about types of coverage that are recognized as minimum essential coverage.

Example. You, your spouse, and your two children whom you claim as dependents were enrolled in a [qualified health plan](#) in 2014. Your children were eligible for coverage under CHIP. Your tax family size is four, consisting of you, your spouse, and your children. Your [coverage family](#) has only two members, you and your spouse. Your children are not part of the coverage family because they were eligible for CHIP, which is minimum essential coverage. As a result, although your children were enrolled in a qualified health plan, the PTC provides financial assistance only for the coverage of you and your spouse.

Applicable taxpayer. You must be an applicable taxpayer to take the PTC.

Generally, you are an applicable taxpayer if your [household income](#) for 2014 (described earlier) is at least 100% but not more than 400% of the Federal poverty line for your family size (provided in Tables [1-1](#), [1-2](#), and [1-3](#), later) and no one can claim you as a dependent for 2014. In addition, if you were married at the end of 2014, you must file a joint return to be an applicable taxpayer unless you meet one of the situations described in [Married taxpayers](#), later.

For individuals with household income below 100% of the Federal poverty line, see [Household income below 100% of the Federal poverty line](#) under *Line 6*, later.

Individuals who are incarcerated. Individuals who are incarcerated (other than pending disposition of charges, for example awaiting trial) are not eligible to enroll in a [qualified health plan](#) through a Marketplace. However, these individuals

may be applicable taxpayers and take the PTC for the coverage of individuals in their [tax families](#) who are eligible to enroll in a qualified health plan.

Individuals who are not lawfully present. Individuals who are not lawfully present in the United States are not eligible to enroll in a [qualified health plan](#) through a Marketplace. They also are not eligible for a PTC for their own coverage, and are not eligible for the repayment limitations in [Table 5](#) for APTC paid for their own coverage. However, these individuals may be applicable taxpayers and take the PTC for the coverage of individuals in their [tax families](#), such as their children, who are eligible to enroll in a qualified health plan. For more information about who is treated as lawfully present for this purpose, visit healthcare.gov. Also see Pub. 974 for more information.

Married taxpayers. If you are married, you generally must file a joint return with your spouse to take the PTC unless one of the two situations below applies to you. However, you are unmarried for all federal income tax purposes if you are divorced or legally separated according to your state law under a decree of divorce or separate maintenance. You are treated as unmarried and can file a separate return and take the PTC if [Situation 1](#) applies to you. If your filing status is married filing separately, you can take the PTC if [Situation 2](#) applies to you.

Situation 1. You are treated as unmarried for federal income tax purposes for 2014 if one of the following applies to you.

- You file a separate return from your spouse on Form 1040 or Form 1040A because you meet the requirements for *Married persons who live apart* under *Head of Household* in the instructions for Form 1040 or Form 1040A.
- You file as single on your Form 1040NR because you meet the requirements for *Married persons who live apart* under *Were You Single or Married?* in the instructions for Form 1040NR.

Situation 2. If you are a victim of domestic abuse or spousal abandonment, you can file a return as married filing separately and take the PTC if you meet all of the following.

- You are living apart from your spouse at the time you file your 2014 tax return.
- You are unable to file a joint return because you are a victim of [domestic abuse](#) (described next) or [spousal abandonment](#) (described below).
- You certify on your Form 8962 that you are a victim of domestic abuse or spousal abandonment.

Domestic abuse. Domestic abuse includes physical, psychological, sexual, or emotional abuse, including efforts to control, isolate, humiliate, and intimidate, or to undermine the victim's ability to reason independently. All the facts and circumstances are considered in determining whether an individual is abused, including the effects of alcohol or drug abuse by the victim's spouse. Depending on the facts and circumstances, abuse of the victim's child or other family member living in the household may constitute abuse of the victim.

Spousal abandonment. A taxpayer is a victim of spousal abandonment for a tax year if, taking into account all facts and circumstances, the taxpayer is unable to locate his or her spouse after reasonable diligence.

To certify that you are eligible for an exception to the requirement to file a joint return under Situation 2, check the "Relief" box in the top right-hand corner of Form 8962. Do not attach documentation of the abuse or abandonment to your tax return. Keep any documentation you may have with your tax return records. For examples of what documentation to keep, see Pub. 974.

Married filing separately. If you file as married filing separately and are not a victim of domestic abuse or spousal abandonment (see [Situation 2](#) under *Married taxpayers* above), then you are not an [applicable taxpayer](#) and you cannot take the PTC. You must generally repay all APTC paid for a [qualified](#)

[health plan](#) that covered only individuals in your [tax family](#), and one-half of the APTC paid for a policy that covered at least one individual in your tax family and at least one individual in your spouse's tax family. However, the amount of APTC you have to repay may be limited. See the instructions for [line 28](#), later.

Specific Instructions

Name. Print or type your name exactly as you entered it on your tax return. If you are married and filing a joint return, enter the first name that appears on your return.

Social security number. The social security number on this form should match the social security number on your tax return. If you are married and filing a joint return, enter the first social security number that appears on your tax return.

Relief. Check this box if you are filing as married filing separately and you are a victim of domestic abuse or spousal abandonment (see [Situation 2](#) under *Married taxpayers*, earlier). By checking this box, you are certifying that you qualify for relief from filing a joint return with your spouse.

Married filing separately. If you do not qualify for relief from filing a joint return, you cannot take the PTC on a married filing separately return. You are not an applicable taxpayer and must repay some or all APTC. Complete lines 1 through 5 to figure your separate household income as a percentage of the Federal poverty line. Skip lines 6 through 8b and complete lines 9 and 10 (and Part 4, if applicable). When completing line 11 or lines 12 through 23, complete only column F. Then complete the rest of the form to determine how much you must repay.

Part 1—Annual and Monthly Contribution Amount

Line 1

Enter on line 1 the number of exemptions from your Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d.

Line 2a

Enter your modified AGI on line 2a. Use the worksheet next to figure your modified AGI from your tax return.

Worksheet 1-1. Taxpayer's Modified AGI—Line 2a

1. Enter your adjusted gross income (AGI)* from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 **1.** _____
2. Enter any tax-exempt interest from Form 1040, line 8b; Form 1040A, line 8b; or Form 1040NR, line 9b **2.** _____
3. Enter any amounts from Form 2555, lines 45 and 50, and Form 2555-EZ, line 18 **3.** _____
4. Enter the excess, if any, of Form 1040, lines 20a over 20b; or Form 1040A, lines 14a over 14b **4.** _____
5. Add lines 2 through 4 **5.** _____
6. Add lines 1 and 5. Enter here and on Form 8962, line 2a **6.** _____

*If you are filing Form 8814 and the amount on Form 8814, line 4, is more than \$1,000, you must also include on line 1 of this worksheet the tax-exempt interest from Form 8814, line 1b; the lesser of Form 8814, line 4 or line 5; and any nontaxable social security benefits your child received.

Note. If the amount on line 6 of Worksheet 1-1 above is less than zero, see [Line 3](#), later, before you enter an amount on Form 8962, line 3.

Line 2b

Enter the modified AGI for all of your dependents on line 2b. Use the worksheet next to figure the combined modified AGI for the dependents claimed as exemptions on your return. Only include the modified AGI of those dependents who are required to file a return. Do not include the modified AGI of dependents who are filing a tax return only to claim a refund of tax withheld or estimated tax.

Worksheet 1-2. Dependents' Combined Modified AGI—Line 2b

1. Enter the AGI for your dependents from Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 3; and Form 1040NR, line 37 **1.** _____
2. Enter any tax-exempt interest for your dependents from Form 1040, line 8b; Form 1040A, line 8b; Form 1040EZ, the amount written to the left of the line 2 entry space; and Form 1040NR, line 9b **2.** _____
3. Enter any amounts for your dependents from Form 2555, lines 45 and 50, and Form 2555-EZ, line 18 **3.** _____
4. Enter for each of your dependents the excess, if any, of Form 1040, lines 20a over 20b; and Form 1040A, lines 14a over 14b **4.** _____
5. Add lines 2 through 4 **5.** _____
6. Add lines 1 and 5. Enter here and on Form 8962, line 2b **6.** _____

Note. If the amount on line 6 of Worksheet 1-2 above is less than zero, see [Line 3](#) next before you enter an amount on Form 8962, line 3.

Line 3

Combine lines 2a and 2b even if one or both of them are negative. If the total of lines 2a and 2b is less than zero, enter -0- on line 3.

Line 4

Enter on line 4 the amount from the table that represents the Federal poverty line for the family size you entered on line 1 of Form 8962. Use the table for your state of residence in 2014. If you moved at all during 2014 and you lived in Alaska and/or Hawaii, or you are filing jointly and you and your spouse lived in different states, use the table with the higher dollar amounts for your family size.

Table 1-1. Federal Poverty Line for the 48 Contiguous States and the District of Columbia

IF your Family Size* from Form 8962, line 1, was . . .	THEN enter the amount below on Form 8962, line 4 . . .
1	\$11,490
2	\$15,510
3	\$19,530
4	\$23,550
5	\$27,570
6	\$31,590
7	\$35,610
8	\$39,630

*If your family size was more than 8 people, add \$4,020 for each additional person. For example, if your family size is 11, you have 3 additional people. Multiply \$4,020 by 3 and add the result of \$12,060 to \$39,630. Enter the result of \$51,690 on Form 8962, line 4.

Table 1-2. Federal Poverty Line for Alaska

IF your Family Size* from Form 8962, line 1, was . . .	THEN enter the amount below on Form 8962, line 4 . . .
1	\$14,350
2	\$19,380
3	\$24,410
4	\$29,440
5	\$34,470
6	\$39,500
7	\$44,530
8	\$49,560

**If your family size was more than 8 people, add \$5,030 for each additional person. For example, if your family size is 11, you have 3 additional people. Multiply \$5,030 by 3 and add the result of \$15,090 to \$49,560. Enter the result of \$64,650 on Form 8962, line 4.*

Table 1-3. Federal Poverty Line for Hawaii

IF your Family Size* from Form 8962, line 1, was . . .	THEN enter the amount below on Form 8962, line 4 . . .
1	\$13,230
2	\$17,850
3	\$22,470
4	\$27,090
5	\$31,710
6	\$36,330
7	\$40,950
8	\$45,570

**If your family size was more than 8, add \$4,620 for each additional person. For example, if your family size is 11, you have 3 additional people. Multiply \$4,620 by 3 and add the result of \$13,860 to \$45,570. Enter the result of \$59,430 on Form 8962, line 4.*

Line 5

Divide the amount on line 3 by the amount on line 4 to figure your household income as a percentage of the Federal poverty line. Is the result between 1.00 and 3.99?

- Yes.** Round up or down to the nearest whole percentage. For example, for 1.854, enter the result as 185; for 3.565, enter the result as 357.
- No.** See [Special rounding rules](#) next.

Special rounding rules. If the result is less than 1.00 or more than 3.99, round the result as follows.

- For any amount less than 1.00, round **down** to the nearest whole percentage. For example, for .996, enter the result as 99.
- For any amount between 3.99 and 4.00, round **down** to 399. For example, for 3.998, enter the result as 399.
- For any amount more than 4.00 but no more than 9.99, round **up** to the nearest whole percentage. For example, for 4.004, enter the result as 401.
- For an amount more than 9.99, enter the result as 999. For example, for 10.456, enter the result as 999.

Line 6

If the amount on line 5 is at least 100 but no more than 400, check the “**Yes**” box on line 6 and continue to line 7. If the amount on line 5 is less than 100, see [Household income below 100% of the Federal poverty line](#) next to determine if you qualify

for the PTC. If the amount on line 5 is more than 400, you are not eligible for the PTC. Check the “**No**” box and see [Household income above 400% of the Federal poverty line](#) below for instructions on how to repay any APTC paid for your or your family's coverage.

Household income below 100% of the Federal poverty line. If the amount on line 5 is less than 100, you can take the PTC if you meet the requirements under [Estimated household income at least 100% of the Federal poverty line](#) next or [Alien lawfully present in the United States](#) below.

Estimated household income at least 100% of the Federal poverty line. You may qualify for the PTC if your household income is less than 100% of the Federal poverty line and you meet all of the following requirements.

- You or an individual in your tax family enrolled in a qualified health plan through a Marketplace.
- The Marketplace estimated at the time of your enrollment that your household income would be between 100% and 400% of the Federal poverty line for your family size for 2014.
- APTC is paid for the coverage for one or more months during 2014.
- You otherwise qualify as an [applicable taxpayer](#) (without taking into account the Federal poverty line percentage).

Alien lawfully present in the United States. Certain aliens with household income below 100% of the Federal poverty line are not eligible for Medicaid because of their immigration status. You may qualify for the PTC if your household income is less than 100% of the Federal poverty line if you meet all of the following requirements.

- You or an individual in your tax family enrolled in a qualified health plan through a Marketplace.
- The enrolled individual is lawfully present in the United States and is not eligible for Medicaid.
- You otherwise qualify as an [applicable taxpayer](#) (without taking into account the Federal poverty line percentage).

If you meet all of the requirements under either [Estimated household income at least 100% of the Federal poverty line](#) or [Alien lawfully present in the United States](#), check the “**Yes**” box on line 6 and continue to line 7.

If your household income is less than 100% of the Federal poverty line and you did not meet the requirements under [Estimated household income at least 100% of the Federal poverty line](#) or [Alien lawfully present in the United States](#), you are not an applicable taxpayer and you are not eligible to take the PTC. Check the “**No**” box on line 6, skip lines 7 and 8, and go to line 9. However, if no APTC was paid for any individuals in your tax family, **stop**; do not complete Form 8962.

Household income above 400% of the Federal poverty line. If the amount on line 5 is more than 400, you cannot take the PTC. You must repay all APTC paid for individuals in your tax family. Skip lines 7 and 8, and complete lines 9 and 10 (and Part 4, if applicable). When completing line 11 or lines 12 through 23, complete only column F. Then complete the rest of the form to determine how much you must repay. If no APTC was paid for any individuals in your tax family, **stop**; do not complete Form 8962.

If you qualify for the alternative calculation for year of marriage (see the instructions for [line 9](#), later), you may be able to reduce the amount of APTC you have to repay. If you enrolled an individual for whom another taxpayer will claim a personal exemption, the other taxpayer may be responsible to repay all or part of the APTC (see the instructions for [line 9](#), later).

Line 7

Enter on line 7 the decimal number from [Table 2](#) next that applies to the amount you entered on line 5. This number is used to calculate your contribution amount.

Line 8a

Multiply line 3 by line 7 and enter the result on line 8a, rounded to the nearest whole dollar amount.

Table 2. Applicable Figure



If the amount on line 5 is less than 133, your applicable figure is .0200. If the amount on line 5 is between 300 through 400, your applicable figure is .0950.

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	0.0200	175	0.0515	218	0.0693	261	0.0837
133	0.0300	176	0.0520	219	0.0697	262	0.0840
134	0.0306	177	0.0524	220	0.0700	263	0.0843
135	0.0312	178	0.0529	221	0.0704	264	0.0846
136	0.0318	179	0.0533	222	0.0707	265	0.0849
137	0.0324	180	0.0538	223	0.0711	266	0.0851
138	0.0329	181	0.0543	224	0.0714	267	0.0854
139	0.0335	182	0.0547	225	0.0718	268	0.0857
140	0.0341	183	0.0552	226	0.0721	269	0.0860
141	0.0347	184	0.0556	227	0.0725	270	0.0863
142	0.0353	185	0.0561	228	0.0728	271	0.0866
143	0.0359	186	0.0566	229	0.0732	272	0.0869
144	0.0365	187	0.0570	230	0.0735	273	0.0872
145	0.0371	188	0.0575	231	0.0739	274	0.0875
146	0.0376	189	0.0579	232	0.0742	275	0.0878
147	0.0382	190	0.0584	233	0.0746	276	0.0880
148	0.0388	191	0.0589	234	0.0749	277	0.0883
149	0.0394	192	0.0593	235	0.0753	278	0.0886
150	0.0400	193	0.0598	236	0.0756	279	0.0889
151	0.0405	194	0.0602	237	0.0760	280	0.0892
152	0.0409	195	0.0607	238	0.0763	281	0.0895
153	0.0414	196	0.0612	239	0.0767	282	0.0898
154	0.0418	197	0.0616	240	0.0770	283	0.0901
155	0.0423	198	0.0621	241	0.0774	284	0.0904
156	0.0428	199	0.0625	242	0.0777	285	0.0907
157	0.0432	200	0.0630	243	0.0781	286	0.0909
158	0.0437	201	0.0634	244	0.0784	287	0.0912
159	0.0441	202	0.0637	245	0.0788	288	0.0915
160	0.0446	203	0.0641	246	0.0791	289	0.0918
161	0.0451	204	0.0644	247	0.0795	290	0.0921
162	0.0455	205	0.0648	248	0.0798	291	0.0924
163	0.0460	206	0.0651	249	0.0802	292	0.0927
164	0.0464	207	0.0655	250	0.0805	293	0.0930
165	0.0469	208	0.0658	251	0.0808	294	0.0933
166	0.0474	209	0.0662	252	0.0811	295	0.0936
167	0.0478	210	0.0665	253	0.0814	296	0.0938
168	0.0483	211	0.0669	254	0.0817	297	0.0941
169	0.0487	212	0.0672	255	0.0820	298	0.0944
170	0.0492	213	0.0676	256	0.0822	299	0.0947
171	0.0497	214	0.0679	257	0.0825	300 thru 400	0.0950
172	0.0501	215	0.0683	258	0.0828		
173	0.0506	216	0.0686	259	0.0831		
174	0.0510	217	0.0690	260	0.0834		

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

Line 9

If any of the following apply, see [Part 4](#) next and [Part 5](#) below. Otherwise, check the “No” box on line 9 and go to line 10.

- You got divorced during the year.
- You or an individual in your tax family were enrolled in a qualified health plan by someone not part of your tax family.
- You or an individual in your tax family enrolled someone not part of your tax family in a qualified health plan.
- You or an individual in your tax family were enrolled in a qualified health plan with another tax family and the applicable SLCSP premium for at least one tax family for at least one month

is different from the premium reported on Form 1095-A, Part III, column B.

- You got married during 2014.

Part 4. If you got divorced in 2014, or if for other reasons one policy covered at least one individual in your tax family and at least one individual not in your tax family, see [Table 3. Shared Policy Allocation—Line 9](#) below to determine whether you must complete Part 4.

Part 5. If you got married during the year and APTC was paid for an individual in your tax family, you may be eligible to complete Part 5 to elect an optional calculation that may reduce the amount of excess APTC you would have to repay under the general rules. See [Table 4. Alternative Calculation for Year of Marriage Eligibility](#), later, to determine whether you qualify for the alternative calculation.

Note. If both Part 4 and Part 5 apply to you, complete Part 4 first.

Table 3. Shared Policy Allocation—Line 9

<p>Follow Steps 1–5 below to determine whether you need to complete Part 4—Shared Policy Allocation, later, for each qualified health plan that covers at least one individual in your tax family and at least one individual not in your tax family. For each shared policy, if your answer directs you to Part 4, skip directly to Part 4—you do not need to complete the remaining steps below. If your answers in Steps 1 through 4 do not direct you to Part 4 (or if you did not answer any questions in Steps 1 through 4), continue until you have completed Step 5.</p>	
<p>STEP 1: Complete if You Divorced or Legally Separated from Your Spouse in 2014</p>	
<p>1. Did the policy cover at least one individual in your tax family AND cover at least one individual in your former spouse's tax family?</p> <p><input type="checkbox"/> Yes. You must allocate the policy amounts. Check the “Yes” box on Form 8962, line 9, and skip to Part 4—Shared Policy Allocation. <input type="checkbox"/> No. Continue to Step 2.</p>	
<p>STEP 2: Complete if You were Married at the End of 2014 but are Filing a Separate Return from Your Spouse*</p>	
<p>2. Did the policy cover at least one individual in your tax family AND cover at least one individual in your spouse's tax family?</p> <p><input type="checkbox"/> Yes. You must allocate the policy amounts. Check the “Yes” box on Form 8962, line 9, and skip to Part 4—Shared Policy Allocation. <input type="checkbox"/> No. Continue to Step 3.</p>	
<p>*Also use this Step 2 if you meet the rules in Situation 1 or Situation 2 under <i>Married taxpayers</i>, earlier.</p>	
<p>STEP 3: Complete if Another Taxpayer will Claim the Personal Exemption for an Individual You Enrolled in a Policy</p>	
<p>3.a. Did the policy cover at least one individual in your tax family AND cover at least one individual whom you enrolled in the policy but who will be in another taxpayer's tax family*?</p> <p><input type="checkbox"/> Yes. Continue to question 3b. <input type="checkbox"/> No. Go to Step 4.</p>	
<p>b. Did you indicate to the Marketplace at enrollment in the policy that you intended to claim the personal exemption(s) for the individual(s) in 3a above whom you enrolled but for whom another taxpayer will claim a personal exemption?</p> <p><input type="checkbox"/> Yes. You must allocate the policy amounts. Check the “Yes” box on Form 8962, line 9, and skip to Part 4—Shared Policy Allocation. <input type="checkbox"/> No. Continue to Step 4.</p>	
<p>*If no one claims the personal exemption for an individual you enrolled in a policy and you indicated to the Marketplace that you would claim the individual's personal exemption, you are responsible for reconciling any APTC paid on behalf of the individual. See Individual you enrolled for whom no taxpayer will claim a personal exemption under <i>Lines 12 through 23—Monthly Calculation</i>, later. You do not need to complete Part 4 for this policy. If you got married in 2014, continue to Table 4, later. Otherwise, check the “No” box on Form 8962, line 9, and continue to line 10.</p>	
<p>STEP 4: Complete if You are Claiming the Personal Exemption for an Individual Another Taxpayer Enrolled in a Policy</p>	
<p>4. Did the policy cover at least one individual in your tax family but whom another person enrolled in the policy AND cover at least one individual not in your tax family?</p> <p><input type="checkbox"/> Yes. You must allocate the policy amounts. Check the “Yes” box on Form 8962, line 9, and skip to Part 4—Shared Policy Allocation. <input type="checkbox"/> No. Continue to Step 5.</p>	
<p>STEP 5: Complete for Other Allocation Scenarios</p>	
<p>5.a. Did the policy cover at least one individual in your tax family AND cover at least one individual not in your tax family?</p> <p><input type="checkbox"/> Yes. Continue to question 5b. <input type="checkbox"/> No. STOP. You do not need to complete Part 4. If you got married in 2014, continue to Table 4, later. Otherwise, check the “No” box on Form 8962, line 9, and continue to line 10.</p>	
<p>b. Does the information provided to the Marketplace at enrollment regarding who would claim the personal exemptions for covered individuals match who will claim the personal exemptions for those individuals for 2014 (answer “Yes” if you did not have to provide this information at enrollment)?</p> <p><input type="checkbox"/> Yes. Continue to question 5c. <input type="checkbox"/> No. You must allocate the policy amounts. Check the “Yes” box on Form 8962, line 9, and skip to Part 4—Shared Policy Allocation.</p>	
<p>c. Did each tax family receive a separate Form 1095-A AND did each Form 1095-A have the correct applicable SLCSP premium for each tax family for each month in Part III, column B?</p> <p><input type="checkbox"/> Yes. STOP. You do not need to complete Part 4. If you got married in 2014, continue to Table 4, later. Otherwise, check the “No” box on Form 8962, line 9, and continue to line 10. <input type="checkbox"/> No. You may have to allocate the policy amounts. Check the “Yes” box on Form 8962, line 9, and skip to Part 4—Shared Policy Allocation.</p>	

Table 4. Alternative Calculation for Year of Marriage Eligibility

Answer questions 1–5 below to determine whether you may be eligible to elect the alternative calculation for year of marriage.

1 Were you married on December 31, 2014?
 Yes. Continue to the next question in this table.
 No. You are not eligible to elect the alternative calculation. Check the “No” box on Form 8962, line 9, and continue to line 10.

2 Are you filing a joint return with your spouse for 2014?
 Yes. Continue to the next question in this table.
 No. You are not eligible to elect the alternative calculation. Check the “No” box on Form 8962, line 9, and continue to line 10.


3 Were you and your spouse each unmarried on January 1, 2014?
 Yes. Continue to the next question in this table.
 No. You are not eligible to elect the alternative calculation. Check the “No” box on Form 8962, line 9, and continue to line 10.

4 Was anyone in your tax family enrolled in a qualified health plan before your first full month of marriage? (For example, if you got married on July 15, your first full month of marriage was August.)
 Yes. Continue to the next question in this table.
 No. You are not eligible to elect the alternative calculation. Check the “No” box on Form 8962, line 9, and continue to line 10.

5 Was APTC paid for anyone in your tax family during 2014?
 Yes. Continue to Worksheet 2 next to determine whether excess APTC was paid during 2014. If excess APTC was paid, you are eligible to elect the alternative calculation. If the amount you entered on Form 8962, line 5, is more than 400, do not complete Worksheet 2. See *Alternative Calculation for Year of Marriage* in Pub. 974 to determine if electing the alternative calculation reduces your repayment amount.
 No. You are not eligible to elect the alternative calculation. Do not complete Part 5. If you did not complete Part 4, check the “No” box on line 9 and continue to line 10. If you completed Part 4, check the “No” box on line 10, skip line 11, and continue to [Lines 12 through 23—Monthly Calculation](#), later.

Worksheet 2. Alternative Calculation for Marriage Eligibility

Complete this worksheet to determine whether you received excess APTC in 2014.

 **If Part 4—Shared Policy Allocation applies to you, do not complete this worksheet until you have completed Part 4.**

Monthly Calculation	A. Form(s) 1095-A, lines 21–32, column A*	B. Form(s) 1095-A, lines 21–32, column B**	C. Form 8962, line 8b	D. Subtract column C from column B	E. Smaller of column A or column D	F. Form(s) 1095-A, lines 21–32, column C***
1 January						
2 February						
3 March						
4 April						
5 May						
6 June						
7 July						
8 August						
9 September						
10 October						
11 November						
12 December						
13 Totals: Enter the total of column E, lines 1–12, and the total of column F, lines 1–12						
14 Is line 13, column E, less than line 13, column F? <input type="checkbox"/> Yes. Excess APTC was paid in 2014. You are eligible to elect the alternative calculation. See <i>Alternative Calculation for Year of Marriage</i> in Pub. 974 to determine if electing the alternative calculation reduces your repayment amount. <input type="checkbox"/> No. There was no excess APTC paid in 2014. You are not eligible to elect the alternative calculation. Do not complete Part 5. <ul style="list-style-type: none"> • If you did not complete Part 4, check the “No” box on line 9 and continue to line 10. If you are required to use lines 12 through 23 of Form 8962, enter the amounts from lines 1 through 12 of this worksheet in the lines for the corresponding months and columns on Form 8962. • If you completed Part 4, check the “No” box on line 10, skip line 11, and enter the amounts from lines 1 through 12 of this worksheet in the lines for the corresponding months and columns of lines 12 through 23 of Form 8962. 						

*See [Column A](#) under Lines 12 through 23—Monthly Calculation, later, for instructions for the amounts to enter on lines 1 through 12, column A, of this worksheet. These are the amounts of the monthly premiums reported on Form(s) 1095-A, lines 21 through 32, column A.

**See [Column B](#) under Lines 12 through 23—Monthly Calculation, later, for instructions for the amounts to enter on lines 1 through 12, column B, of this worksheet. These are the amounts of the monthly premium for the applicable SLSP reported on Form(s) 1095-A, lines 21 through 32, column B.

***See [Column F](#) under Lines 12 through 23—Monthly Calculation, later, for instructions for the amounts to enter on lines 1 through 12, column F, of this worksheet. These are the amounts of the monthly APTC reported on Form(s) 1095-A, lines 21 through 32, column C.

Line 10

Full-year coverage with no changes on Form 1095-A, Part III, columns A or B. Check the “Yes” box on line 10 if all of the following apply for each Form 1095-A you received. Otherwise, check the “No” box.

- You had coverage for all 12 months during 2014 (January through December).
- The same amount is reported in column A, lines 21 through 32.
- The same amount is reported in column B, lines 21 through 32.
- Your [coverage family](#) did not change for any month in 2014. See [Exceptions](#) below if your coverage family changed during 2014 and you did not notify the Marketplace.

Note. If you got married during 2014, check the “No” box unless you got married in December.

Exceptions. If during 2014, your [coverage family](#) changed and you did not notify the Marketplace, the premium for the applicable SLCSPP reported on your Form(s) 1095-A, Part III, column B, may not be accurate. Your coverage family and premium for the applicable SLCSPP may change for any month and any following months that one of the following applies.

- You enroll an individual newly added to your tax family (for example, a newborn).
- An individual in your tax family is no longer enrolled in your qualified health plan.
- An individual included in your coverage family becomes eligible for or loses eligibility for employer coverage or other minimum essential coverage.
- You will claim the personal exemption for an individual, but you did not indicate to the Marketplace at enrollment that you would do so.
- You indicated to the Marketplace at enrollment that you would claim the personal exemption for an individual, but you will not claim a personal exemption for that individual.
- An individual enrolled in the coverage died but you did not remove the individual from the policy.
- You moved during the year.

If any of the above apply and you did not notify the Marketplace, you must determine the correct premium for the applicable SLCSPP for the months affected. See Pub. 974 for information on determining the correct premium for the applicable SLCSPP or, if you enrolled through the Federally-facilitated Marketplace, go to www.healthcare.gov/taxes. See the examples next.

If you checked the “Yes” box on line 10, complete line 11. If you checked the “No” box, complete lines 12–23.

Example 1. Mike and Susan enroll together in a qualified health plan through the Marketplace. They receive a Form 1095-A, which reports \$800 for the enrollment premium in column A on lines 21 through 32 and \$850 for the applicable SLCSPP premium in column B on lines 21 through 32, for January through December. They check the “Yes” box on line 10 and complete line 11 because there is an amount for all 12 months and the amounts did not change for each of columns A and B.

Example 2. Same facts as [Example 1](#) above, but starting on August 1, Mike is eligible for Medicare and does not notify the Marketplace. Because Mike is eligible for other minimum essential coverage, their coverage family changed starting in August. As a result, Mike and Susan must update the premium for the applicable SLCSPP reported in column B for the months of August through December (Form 1095-A, lines 28 through 32, column B). Since there will be a change for some months in column B, Mike and Susan must complete lines 12 through 23. Mike and Susan determine that the premium for the applicable

SLCSPP for the coverage family of one (Susan) for August through December is \$400 each month. Mike and Susan enter \$850 in Form 8962, lines 12 through 18, column B, and \$400 in lines 19 through 23, column B. Mike and Susan do not complete line 11.

Example 3. Lee receives a Form 1095-A, which reports in column A \$1,000 on lines 21 through 32 for January through December and in column B \$900 on lines 21 through 31 for January through November. However, column B reports \$650 on line 32 because an individual included in Lee’s coverage family was eligible for other minimum essential coverage for the entire month of December and Lee reported the change to the Marketplace. Lee checks the “No” box on line 10 and completes lines 12 through 23.

If you were enrolled in a qualified health plan for fewer than 12 months during 2014 (for example, you enrolled in January for coverage effective February 1), check the “No” box on line 10, and complete lines 12 through 23.

Line 11—Annual Calculation

If you checked the “No” box on line 6 or you are using filing status married filing separately and [Situation 2](#), earlier, does not apply to you, skip columns A through E, and see [Column F](#), later.

Column A. Enter the annual premiums from Form 1095-A, line 33, column A. If you have more than one Form 1095-A, add the amounts together and enter the total on Form 8962, line 11, column A. This amount is the total of your enrollment premiums for the year, including the portion paid by APTC.



If you or a member of your tax family were enrolled in a stand-alone dental plan that provided pediatric benefits, the portion of the dental plan premiums for the pediatric benefits will be included in the amount on Form 1095-A, column A.

Column B. Enter the annual premium for the applicable SLCSPP from Form 1095-A, line 33, column B. If you have more than one Form 1095-A, enter the following amount.

- If individuals in your coverage family enrolled in more than one policy in the same state you will receive a Form 1095-A for each policy. Enter the amount from column B of **only one** Form 1095-A. The Marketplace will enter the same SLCSPP premium that applies to all members of your coverage family on each Form 1095-A. However, if you got married in December of 2014 and you and your spouse, or individuals in your and your spouse’s tax families, were enrolled in separate qualified health plans, add the amounts from Form 1095-A, column B, for each plan (or plans) and enter the total.
- For individuals enrolled in qualified health plans in different states, add together the amounts from column B of the Forms 1095-A from each state and enter the total on Form 8962, line 11, column B.

If during 2014, your coverage family changed and you did not notify the Marketplace, or no APTC was paid, the premium for the applicable SLCSPP reported on your Form(s) 1095-A may not be accurate (or may not be reported by the Marketplace). If you must determine a different premium for the applicable SLCSPP than what is reported on Form 1095-A for any month, you cannot complete line 11. You must complete lines 12 through 23. See [Exceptions](#) under [Line 10](#) above to determine whether you must enter a different amount for the premium for the applicable SLCSPP for any month reported on Form 1095-A.

Column C. Enter the amount from line 8a of Form 8962.

Column D. If column D is zero or less, enter -0-.

Column E. Enter the lesser of the amount in column A and the amount in column D.

Column F. Enter the APTC amount from Form 1095-A, line 33, column C. If you have more than one Form 1095-A, add the amounts together and enter the total on Form 8962, line 11, column F.

Not an applicable taxpayer. If you are not an applicable taxpayer because your household income is over 400% of the Federal poverty line or you are using filing status married filing separately and [Situation 2](#), earlier, does not apply to you, you cannot take the PTC. You must repay the APTC entered on line 11, column F. To complete the rest of the form, skip lines 12 through 24, and enter the amount from line 11, column F, on lines 25 and 27. Then complete lines 28 (if it applies to you) and 29. Enter the amount from line 29 on your Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44.

Lines 12 through 23—Monthly Calculation

If you checked the “No” box on line 6 and you did not elect the alternative calculation for year of marriage or you are using filing status married filing separately and [Situation 2](#), earlier, does not apply to you, skip columns A through E, and see [Column F](#), later.

Column A. Enter on lines 12 through 23, column A, the amount of the monthly premiums reported on Form 1095-A, lines 21 through 32, column A, for the corresponding month. If you have more than one Form 1095-A affecting a particular month, add the amounts together for that month and enter the total on the appropriate line on Form 8962, column A. This amount is the total of your enrollment premiums for the month, including the portion paid by APTC.

If a -0- appears on Form 1095-A, on any of lines 21 through 32, column A, you are not entitled to a monthly credit amount for that month because enrollment premiums were not paid. Enter -0- on the appropriate line on Form 8962, column A.

If you completed [Part 4—Shared Policy Allocation](#) for any Form 1095-A, include only the monthly premium amounts allocated to you, if any, using the allocation percentage you entered on lines 30 through 33, column e, and combine those amounts with the monthly premiums for other policies that you did not allocate.

Column B. Enter on lines 12 through 23, column B, the amount of the monthly premium for the applicable SLCSPP reported on Form 1095-A, lines 21 through 32, column B, for the corresponding month. If you have more than one Form 1095-A affecting a particular month, enter the following amounts on the appropriate line on Form 8962, column B, for that month.

- For individuals enrolled in separate policies in the same state, the Marketplace will report on each Form 1095-A issued the single applicable SLCSPP premium that applies to all members of the 1095-A recipient's coverage family for coverage that same month. Enter this amount on Form 8962, lines 12 through 23, column B. See [Marriage in 2014](#), later, if you got married during 2014.

- For individuals enrolled in qualified health plans in different states, add the amounts from column B of Forms 1095-A together and enter the total on Form 8962, lines 12 through 23, column B.

- If you completed [Part 4—Shared Policy Allocation](#) for any Form 1095-A, add the amounts of the premium for the applicable SLCSPP allocated to you, if any, using the allocation percentage you entered on Form 8962, lines 30 through 33, column f, to the amount of the premium for your applicable SLCSPP shown on the Form(s) 1095-A that you did not allocate.

If a -0- appears on Form 1095-A, on any of lines 21 through 32, column B, you are not entitled to a monthly credit amount for that month because enrollment premiums were not paid. Enter -0- on the appropriate line on Form 8962, column B.

If during 2014, your coverage family changed and you did not notify the Marketplace, the premium for the applicable SLCSPP

reported on your Form(s) 1095-A may not be accurate. See [Exceptions](#) under [Line 10](#), earlier, to determine whether you must enter a different amount for the premium for the applicable SLCSPP for any month reported on Form 1095-A. If no APTC was paid, the Marketplace may not report a premium for the SLCSPP (Form 1095-A, lines 21 through 32, column B, may be blank). You must determine the premium for your applicable SLCSPP to take the PTC on your tax return. See Pub. 974 for information on determining the correct premium for the applicable SLCSPP or, if you enrolled through the Federally-facilitated Marketplace, go to www.healthcare.gov/taxes.

Marriage in 2014. If you got married in 2014 and you and your spouse (or individuals in your tax family) were enrolled in separate qualified health plans during months prior to your first full month of marriage, add together the amounts from Form 1095-A, column B, for each plan (or plans) and enter the total. If you completed [Part 5—Alternative Calculation for Year of Marriage](#), use the instructions in Pub. 974 for the entries to make for your pre-marriage months.

Column C. If you did not complete [Part 5—Alternative Calculation for Year of Marriage](#), enter on lines 12 through 23, column C, your monthly contribution amount from line 8b. If columns A and B of any of lines 12 through 23 are blank, leave column C of the corresponding line blank.

If you completed [Part 5—Alternative Calculation for Year of Marriage](#), see Pub. 974 for how to complete column C.

Column D. If an entry for column D is zero or less, enter -0-.

Column E. Generally, enter for each month the lesser of the amount in column A and the amount in column D for that month.

Column F. Enter on lines 12 through 23, column F, the amount of the monthly APTC reported on Form 1095-A, lines 21 through 32, column C. If you have more than one Form 1095-A affecting a particular month, add the amounts together for that month and enter the total on the appropriate line on Form 8962, column F.

If you completed [Part 4—Shared Policy Allocation](#) for any Form 1095-A, include only the amounts of the monthly APTC allocated to you, if any, using the allocation percentage you entered on lines 30 through 33, column g, and combine that amount with the amounts of the monthly APTC for other policies that you did not allocate.

Not an applicable taxpayer. If you are not an applicable taxpayer because your household income is over 400% of the Federal poverty line or you are using filing status married filing separately and [Situation 2](#), earlier, does not apply to you, you must repay the total APTC entered on lines 12 through 23, column F (unless the alternative calculation for marriage rule applies to you and you are able to reduce your repayment amount). To complete the rest of the form, skip line 24, and enter the total of lines 12 through 23, column F, on lines 25 and 27. Then complete lines 28 (if it applies to you) and 29. Enter the amount from line 29 on your Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44.

Example. Melissa and Ryan were married at the beginning of 2014. They have no dependents. They were enrolled under the same qualified health plan through a Marketplace from January through April. Monthly APTC of \$1,000 was paid for them, for a total of \$4,000. They divorced April 10. Melissa enrolled in single coverage from May through December. Monthly APTC of \$100 was paid for her, for a total of \$800. Ryan did not enroll in coverage.

At the end of the year, Melissa or Ryan will receive a Form 1095-A reporting their coverage for January through April. The recipient of the Form 1095-A should provide a copy to the non-recipient. Melissa will receive a Form 1095-A reporting her coverage for May through December.

For 2014, Melissa's family size is one and her household income is 450% of the Federal poverty line. Ryan's family size is one and his household income is 410% of the Federal poverty line. Melissa and Ryan agree to allocate the APTC 60% to Melissa and 40% to Ryan. The allocation is only for the period of time Melissa and Ryan were married. The sum of the APTC allocated to Melissa is \$2,400 (\$1,000 x .6 x 4 months). Melissa must add this sum to her APTC of \$800 for her single coverage. She enters the monthly amounts on lines 12–23, column F, and the total of \$3,200 on Form 8962, lines 25, 27, and 29. Melissa enters the amount from line 29 on the applicable line of her tax return.

The sum of the APTC allocated to Ryan is \$1,600 (\$1,000 x .4 x 4 months). Ryan enters the monthly amounts on Form 8962, lines 12–23, column F, and the total of \$1,600 on lines 25, 27, and 29. Ryan enters the \$1,600 from line 29 on the applicable line of his tax return.

Individual you enrolled for whom no taxpayer will claim a personal exemption. If no taxpayer claims a personal exemption for an individual you enrolled in a qualified health plan (including yourself), you must report any APTC paid for the individual if you indicated to the Marketplace at enrollment that you would claim the individual's personal exemption. Follow the rules in [Column F](#), earlier, to report this APTC.

Line 26

If line 24 is greater than line 25, subtract line 25 from line 24 and enter the result on line 26. This result is the amount of your PTC that is more than the APTC paid. This amount will reduce the amount of tax you must pay with your tax return or increase your refund. Also enter the result on your tax return as instructed on Form 8962, and skip lines 27 through 29. If line 24 is equal to line 25, enter -0- on line 26 and skip lines 27 through 29.

If you elected the alternative calculation for year of marriage, and line 24 is greater than line 25, enter -0- on line 26 and skip lines 27 through 29.

If line 25 is greater than line 24, skip line 26 and go to Part 3.

Part 3—Repayment of Excess Advance Payment of the Premium Tax Credit

Complete this part to figure the amount of excess APTC you must repay.

If one of the following applies, you must repay a portion or all of the APTC paid for you or a member of your tax family.

- You checked the “**No**” box on line 6. This means you entered a percentage of more than 400 on line 5 and you are not an [applicable taxpayer](#) eligible for the PTC. Enter the amount from Form 8962, line 25, on lines 27 and 29.
- Line 25 is greater than line 24. You have excess APTC. Go to line 27 of Form 8962 to figure the amount of your excess APTC.
- You are married at the end of 2014 but you are filing your return as married filing separately and did not check the “**Relief**” box because you are not a victim of domestic abuse or spousal abandonment.

Line 28

The excess APTC you must repay is limited to the amounts in [Table 5](#) next. Enter the appropriate amount from Table 5 on line 28. If you were married at the end of 2014 but are filing separately from your spouse, the repayment limitation shown in Table 5 applies to you and your spouse separately based on the household income reported on each return.

If your entry on Form 8962, line 5, is 400 or more, there is no repayment limitation. You must repay the amount shown on

line 27. Leave line 28 blank and enter the amount from line 27 on line 29.

Table 5. Repayment Limitation

IF the amount on Form 8962, line 5 is . . .	ENTER on line 28 . . .	
	for a filing status of Single—	for any other filing status—
Less than 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 or more	leave line 28 blank	

Part 4—Shared Policy Allocation

You must complete Part 4 if both of the following apply.

- You checked the “**Yes**” box on line 9.
- [Table 3](#) instructed you to allocate your policy amounts (one or more of the amounts in the columns in Part III of Form 1095-A) based on one of your answers to the questions in Steps 1 through 5 of the table.

To complete Part 4 for a qualified health plan, see [Specific Allocation Situations](#), later, to find the situation (or situations) that applies to that policy. The instructions for each situation will describe the amounts you must allocate and your allocation options. Then see [Lines 30 through 33, columns a through g](#), later, to use that information to complete the line(s) on Form 8962 that correspond to each qualified health plan.

Multiple allocations of one qualified health plan. You may have to allocate policy amounts from one qualified health plan among more than two tax families in the same month. You may also have to allocate amounts from one qualified health plan using more than one of the rules (either in the same month or in different months) under [Specific Allocation Situations](#), later.

Multiple allocations in the same month. If one qualified health plan covers individuals from more than two tax families in the same month, use the worksheets and instructions necessary to allocate the amounts on Form 1095-A for that month that are in Pub. 974 under [Shared Policy Allocation](#).

Example. One qualified health plan covers Bret, his spouse Maryanne, and their daughter Sophia from January through August. Bret and Maryanne divorce on August 26. Bret and Maryanne each file a tax return using a filing status of single. Sophia is claimed as a dependent by her grandfather, Mike. Bret, Maryanne, and Mike must allocate the amounts from Form 1095-A for the months of January through August on their tax returns using the worksheets and instructions in Pub. 974.

Multiple allocations in different months. If more than one of the allocation rules under [Specific Allocation Situations](#), later, applies to the same qualified health plan for different months, you must use the rule (or rules if more than one rule applies in the same month – see [Multiple allocations in the same month](#) above) that applies for that month to allocate the amounts on Form 1095-A.

Example. Henry enrolled himself, his spouse, Cara, and their two dependent children, Heidi and Matt, in a policy for 2014. APTC was paid on behalf of each. The couple divorced on June 30, and Cara purchased different health insurance for July through December in which she enrolls with Heidi and Matt. Henry claims Heidi as a dependent on his tax return. Cara claims Matt as a dependent on her tax return. For the months Henry and Cara were married (January through June), they will allocate the amounts from the policy on line 30 using the rules under [Taxpayers divorced or legally separated in 2014](#), later. For the months Henry and Cara were divorced (July through

Table 6. Specific Allocation Situations Chart

The steps in this chart refer to the steps in Table 3 , earlier.
Step 1. If you answered “Yes” to question 1, see Taxpayers divorced or legally separated in 2014 below.
Step 2. If you answered “Yes” to question 2, see Taxpayers married at year end but filing separate returns below.
Step 3. If you answered “Yes” to question 3b, see Policy shared with an individual for whom another taxpayer claims a personal exemption , later.
Step 4. If you answered “Yes” to question 4, see Policy shared with an individual for whom another taxpayer claims a personal exemption , later.
Step 5. If you answered “No” to question 5b, see Policy shared by two or more tax families , later. If you answered “No” to question 5c, follow the bulleted item below that applies. <ul style="list-style-type: none"> • If at enrollment, you enrolled an individual in a policy expecting to claim the personal exemption for the individual, but for 2014 another taxpayer will claim the personal exemption for that individual, see Policy shared with an individual for whom another taxpayer claims a personal exemption, later. • If you and at least one other tax family enrolled in a single qualified health plan and a separate Form 1095-A was not issued to each tax family, or the correct applicable SLCSPP premium for at least one tax family for at least one month is different than the amount reported on Form 1095-A, Part III, column B, see Policy shared by two or more tax families, later.

December), they will allocate the amounts from the policy on line 31 using the rules under [Policy shared with an individual for whom another taxpayer claims a personal exemption](#), later.

Taxpayer allocated entire policy. Do not complete Part 4 if you agree to allocate all of the amounts shown on one Form 1095-A to one taxpayer under the rules of [Taxpayers divorced or legally separated in 2014](#) below or [Policy shared with an individual for whom another taxpayer claims a personal exemption](#), later. If you are the taxpayer allocated one hundred percent of the amounts from Form 1095-A, use the general rules under [Line 11—Annual Calculation](#) or [Lines 12 through 23—Monthly Calculation](#), earlier, to report the amounts. If you are the taxpayer allocated zero percent of the amounts from Form 1095-A, do not report anything on Form 8962, and do not file Form 8962 unless you are taking the PTC or reconciling APTC reported on another Form 1095-A.

Specific Allocation Situations

[Table 6](#) above will direct you to the instructions for allocating policy amounts.

Taxpayers divorced or legally separated in 2014. You and your former spouse must allocate policy amounts on your separate returns to figure your PTC if both of the following apply.

- You were married at some point during 2014 but were no longer married to that spouse at the end of 2014.
- You and your former spouse were enrolled in the same qualified health plan, or you or an individual in your tax family (as shown on your tax return) was enrolled in the same policy as your former spouse or as an individual in your former spouse's tax family at any time during 2014.

You will allocate with your former spouse a percentage of the total enrollment premiums, the premiums for the applicable SLCSPP, and APTC for coverage under the plan during the months you were married. You will find these amounts on your Form(s) 1095-A, Part III, columns A, B, and C, respectively. You and your former spouse can allocate these amounts using any percentage you agree on between zero and one hundred percent, but you must allocate all amounts using the same percentage. If you do not agree on a percentage, you and your former spouse must allocate 50% of each of these amounts to you and 50% of each to your former spouse.

Example 1. Keith and Stephanie are married at the beginning of 2014 and have three children, Ben, Grace, and Max. In January, Keith enrolls Ben, Grace, and Max in a qualified health plan, with an effective coverage date of February 1. Keith and Stephanie divorce in July. The children become eligible for and enroll in government-sponsored health coverage and disenroll from the qualified health plan, effective August 1.

Keith claims Ben and Grace as dependents and Stephanie claims Max as a dependent for 2014. Keith and Stephanie agree to allocate the policy amounts 33% to Stephanie and 67% to Keith. Therefore, 33% of the enrollment premiums, the applicable SLCSPP premiums, and APTC are allocated to Stephanie and 67% of these amounts are allocated to Keith. The allocation is only for the months Keith and Stephanie were married.

On her Form 8962, Part 4, line 30, Stephanie enters Keith's social security number in column b and enters “0.33” in columns e, f, and g. On his Form 8962, Part 4, line 30, Keith enters Stephanie's social security number in column b and enters “0.67” in columns e, f, and g. Stephanie and Keith both enter “02” in column c and “07” in column d.

Example 2. The facts are the same as in [Example 1](#) except that Keith and Stephanie cannot agree on an allocation percentage. Therefore, 50% of the enrollment premiums, the applicable SLCSPP premiums, and APTC are allocated to each taxpayer. On their Forms 8962, Part 4, line 30, Keith and Stephanie each enter “0.50” in columns e, f, and g.

Taxpayers married at year end but filing separate returns. You may be able to take the PTC if you file a return as single or head of household (see [Situation 1](#) under [Married taxpayers](#), earlier) or you file a return as married filing separately due to domestic abuse or spousal abandonment (see [Situation 2](#) under [Married taxpayers](#), earlier). You cannot take the PTC if you are filing your return as married filing separately and [Situation 2](#) does not apply. In any of these situations, on your separately filed returns, you and your spouse must equally allocate (50% to each spouse) certain policy amounts if both of the following apply.

- You are married at the end of 2014 but are filing a separate return from your spouse.
- You and your spouse were enrolled in the same qualified health plan, or you or an individual in your tax family was enrolled in the same policy as your spouse or an individual in your spouse's tax family, at any time during 2014.

If you must allocate policy amounts, see [Situation 1 or Situation 2](#) next, or if neither applies, see [Married filing separately \(not in Situation 2\)](#), later.

If the policy covered individuals in only one spouse's tax family, the spouse whose tax family included the covered individual(s) must report all of the policy amounts (unless the policy must be allocated with another taxpayer).

Situation 1 or Situation 2. You and your spouse have separate tax families, as shown on your separate tax returns. Enter “0.50” in columns e and g of the appropriate line in Part 4 to allocate the enrollment premium and APTC. Leave column f

blank because you do not allocate the premium for the applicable SLCSPP. Instead, enter the applicable SLCSPP premium for your coverage family on lines 12 through 23. See [Example 1](#) below and [Example 2](#), later.



If you enrolled in coverage in the Marketplace with your spouse or another individual who is not in your tax family, your coverage family and applicable SLCSPP premium may be different from the coverage family and applicable SLCSPP premium the Marketplace used to determine the amount of your APTC. In that case you must use a different applicable SLCSPP premium to calculate your credit than the amount reported on Form 1095-A, Part III, column B. See Pub. 974 for information on determining the correct premium for the applicable SLCSPP or, if you enrolled through the Federally-facilitated Marketplace, go to www.healthcare.gov/taxes.

Married filing separately (not in Situation 2). You and your spouse have separate tax families. Enter “0.50” in column g of the appropriate line in Part 4 to allocate the APTC. Leave columns e and f blank because you do not allocate the enrollment premium or premium for the applicable SLCSPP. You must repay the APTC allocated to you subject to the limit on line 28 because you are not an applicable taxpayer. See [Example 3](#) and [Example 4](#) below.

Example 1. John and Carol are married at the end of 2014 and have one child, Mark. John and Carol enrolled in a qualified health plan for 2014. The plan covered John, Carol, and Mark, with an annual premium of \$14,000 and APTC of \$8,500, which applied to the coverage for all of the individuals. John moved out of the residence on May 15. Carol and Mark continued to reside at the residence. John and Carol file separate returns for 2014. Carol qualifies to file her return as head of household. John files his return as married filing separately. Carol claims Mark as her dependent. Because Carol and John are not filing a joint return, they each have their own tax families, which are different from the tax family they indicated to the Marketplace when they enrolled. Carol’s family size reported on her tax return is now two because John is not in her tax family. Therefore, Carol’s Federal poverty line percentage is determined using the modified AGI of her tax family. John’s modified AGI is not included because he is not in Carol’s tax family.

Carol’s family size for 2014 for purposes of computing her contribution amount is two (Carol and her dependent Mark). Because John is not in Carol’s tax family, he is not in her coverage family, which consists of Carol and her dependent Mark, for purposes of determining her applicable SLCSPP premium. If neither John nor Carol notifies the Marketplace about the change in family circumstances, the Form 1095-A that Carol or John receives will report in column B the premium for the applicable SLCSPP that covers Carol, Mark, and John, which will be incorrect. Carol must determine the correct premium for the applicable SLCSPP covering Carol and Mark. Carol looks up her correct premium for the applicable SLCSPP.

Carol takes into account \$7,000 ($\$14,000 \times .50$) of the premiums of the plan in which she and Mark were enrolled in figuring her PTC. Carol must then reconcile \$4,250 ($\$8,500 \times .50$) of the APTC for her coverage. Amounts from this policy are allocated for all months Carol and John were enrolled. On her Form 8962, Part 4, line 30, Carol enters John’s social security number in column b and enters “0.50” in columns e and g. Column f is left blank. Instead of allocating the applicable SLCSPP premium, Carol will enter the applicable SLCSPP premium that applies to her and Mark.

Since John is filing his tax return as married filing separately and no exception to the married filing jointly requirement applies, he is not an applicable taxpayer and must repay the \$4,250 APTC allocated to him, subject to the repayment limitations on

line 28. On his Form 8962, Part 4, line 30, John enters Carol’s social security number in column b and enters “0.50” in column g. John leaves columns e and f blank because he is not an applicable taxpayer and cannot take the PTC.

Example 2. Kevin and Nancy are married at the end of 2014 and have no dependents. Kevin and Nancy are enrolled in a qualified health plan for 2014 with an annual premium of \$10,000 and APTC of \$6,500. Nancy is a victim of domestic abuse and is unable to file a joint return under the rules outlined in [Situation 2](#) under *Married taxpayers*, earlier. Nancy files her return using the filing status married filing separately and checks the “Relief” box at the top of Form 8962.

Nancy’s family size for 2014 for purposes of computing her monthly contribution is one (Nancy). Nancy’s coverage family for purposes of determining her applicable SLCSPP premium for 2014 also is one (Nancy). If neither Kevin nor Nancy notifies the Marketplace about the change in family circumstances, the Form 1095-A that Kevin or Nancy receives will report in column B the premium for the applicable SLCSPP that covers Nancy and Kevin, which will be incorrect. Nancy must determine the correct premium for the applicable SLCSPP covering only Nancy. Nancy looks up her correct premium for the applicable SLCSPP.

Nancy’s Federal poverty line percentage is determined using Nancy’s modified AGI and her family size of one. Nancy takes into account \$5,000 ($\$10,000 \times .50$) of the enrollment premiums in figuring her PTC. Nancy must reconcile \$3,250 ($\$6,500 \times .50$) of the APTC for her coverage. On her Form 8962, Part 4, line 30, Nancy enters Kevin’s social security number in column b and enters “0.50” in columns e and g. Column f is left blank. Instead of allocating the applicable SLCSPP premium, Nancy will enter the applicable SLCSPP premium that applies to Nancy. Nancy enters this amount on the applicable lines in column B, lines 12 through 23.

Example 3. For 2014, Michael and Colleen are married with no dependents and are enrolled in a qualified health plan. APTC of \$8,700 is paid for them during 2014. Michael and Colleen each file their returns for 2014 as married filing separately and Situation 2 does not apply to either of them. Michael and Colleen are not applicable taxpayers and cannot take the PTC. They must allocate the APTC paid of \$8,700, one-half (50%) to Michael and one-half (50%) to Colleen. On her Form 8962, Part 4, line 30, Colleen enters Michael’s social security in column b and enters “0.50” in column g. On his Form 8962, Part 4, line 30, Michael enters Colleen’s social security number in column b and enters “0.50” in column g.

Example 4. The facts are the same as [Example 3](#) except that only Colleen is covered under the policy. Colleen does not complete Part 4 of her Form 8962. She reports all of the APTC received on line 11 or lines 12 through 23, whichever applies. Michael does not file Form 8962 because he was not enrolled in a qualified health plan.

Policy shared with an individual for whom another taxpayer claims a personal exemption. If you or another person in your tax family was enrolled in a qualified health plan with an individual (for example, your child) for whom another taxpayer claims a personal exemption (for example, you are enrolled with your child but a former spouse claims your child’s personal exemption), you must complete Part 4. The taxpayer claiming the personal exemption may be able to take the PTC for the individual’s coverage. When you compute the PTC, you must allocate the enrollment premiums and the APTC for coverage of the individual. If you are required to allocate APTC, you also must allocate the applicable SLCSPP premium. You also must do this allocation if, at enrollment, you indicated to the Marketplace that you would be a single tax family but are two or more tax families at filing, for example a child claims his or her own personal exemption.

You and the taxpayer claiming the personal exemption may agree on any allocation percentage between zero and one hundred percent. You may use the percentage you agreed on for every month during which this allocation rule applies, or you may agree on different percentages for different months. However, you must use the same allocation percentage for all policy amounts (enrollment premiums, applicable SLCSPP premiums, and APTC) in a month. If you cannot agree on an allocation percentage, the allocation percentage is equal to the number of individuals enrolled by you for whom the other taxpayer claims a personal exemption for the tax year divided by the total number of individuals enrolled in the same policy as the individual. The allocation percentage is the percentage that applies to the amounts the taxpayer claiming the personal exemption must use to compute PTC and reconcile it with APTC. You must compute PTC and reconcile APTC using the remaining amounts.



This allocation rule does not apply if you and one or more other tax families enrolled in a single qualified health plan as two or more tax families and remained two or more tax families for the year. Use [Policy shared by two or more tax families](#), later, for instructions on allocating in that situation.

Note. If APTC is paid for coverage of an individual for whom no taxpayer claims a personal exemption, the taxpayer who attests to the Marketplace to the intention to claim a personal exemption for the individual is responsible for reporting and reconciling the APTC. See [Individual you enrolled for whom no taxpayer will claim a personal exemption](#) under *Lines 12 through 23—Monthly Calculation*, earlier.

Example 1. Joe and Alice have been divorced since January of 2013 and have two children, Chris and Jane. Joe enrolls in a qualified health plan covering Joe, Chris, and Jane for 2014. The premium for the plan is \$13,000. Based on a family size and coverage family of three, and a premium for the applicable SLCSPP of \$12,000, Joe is approved for and receives APTC computed as follows: Joe's projected household income for 2014 is \$58,590 (300% of the Federal poverty line for a family size of three). Joe's APTC for 2014 is \$6,434 (\$12,000 applicable SLCSPP premiums less \$5,566 contribution amount (household income \$58,590 x applicable figure .095)). Joe's actual household income for 2014 is \$58,988.

Jane lives with Alice for more than half of 2014 and Alice claims Jane as a dependent. Joe and Alice agree to an allocation percentage of 20% to determine how much of the total amounts related to the qualified health plan are for Jane's coverage. Therefore, 20% of the enrollment premiums, APTC, and the applicable SLCSPP premiums are allocated to Alice and 80% are allocated to Joe.

In computing PTC, Joe takes into account \$10,400 of enrollment premiums (\$13,000 x .80). Joe must reconcile \$5,147 of APTC (\$6,434 x .80). Joe's tax family for 2014 includes only Joe and Chris, and Joe's household income of \$58,988 is 380% of the Federal poverty line for a family size of two. Joe's applicable SLCSPP premium for 2014 is \$9,600 (the applicable SLCSPP premium covering Joe, Chris, and Jane of \$12,000, minus the amount allocated to Alice of \$2,400 (\$12,000 x .20)).

Joe's PTC for 2014 is \$3,996 (the lesser of \$3,996, the excess of Joe's applicable SLCSPP premium of \$9,600 minus the contribution amount of \$5,604 (\$58,998 x .095), and \$10,400, Joe's enrollment premiums). Joe has excess APTC of \$1,151 (the excess of the APTC of \$5,147 over the PTC of \$3,996).

When Joe completes Part 4 of Form 8962, he enters Alice's social security number on line 30, column b, and enters "0.80" in columns e, f, and g.

Alice is responsible for reconciling \$1,287 (\$6,434 x .20) of APTC for Jane's coverage. If Alice is eligible for the PTC, she will take into account \$2,600 (\$13,000 x .20) of the enrollment premiums for Jane and \$2,400 (\$12,000 x .20) of the applicable SLCSPP premiums. Alice must compute her contribution amount using the Federal poverty line percentage for the household income and family size reported on her Form 8962.

Example 2. The facts are the same as in [Example 1](#) except that Joe and Alice do not agree on an allocation percentage. Therefore, the allocation percentage equals the number of individuals Joe enrolled in a qualified health plan for whom Alice claims a personal exemption (1, Jane), divided by the number of individuals enrolled in the plan (3, Joe, Chris, and Jane). The allocation percentage is 33%. Alice is allocated 33% of the enrollment premiums, APTC, and applicable SLCSPP premiums and the remaining 67% of each is allocated to Joe.

Policy shared by two or more tax families. If you and one or more other tax families enrolled in a single qualified health plan as two or more tax families and remained two or more tax families for the year, you may have to allocate the enrollment premiums among the families. However, if a family that expects at enrollment to be a single tax family is two or more tax families at filing, for example as a result of a family member claiming his or her own personal exemption, see [Policy shared with an individual for whom another taxpayer claims a personal exemption](#), earlier.

Each applicable taxpayer with at least one individual in his or her tax family covered by the plan can take the PTC, if otherwise allowable. PTC for each taxpayer is computed based on each taxpayer's household income, family size, and premium for the applicable SLCSPP for the taxpayer's coverage family. However, because there is only one enrollment premium covering all tax families, a portion of the enrollment premiums must be allocated to each tax family. The Marketplace should report on Form 1095-A, Part III, only the amounts that apply to the tax family receiving that Form 1095-A, including in column A only that portion of the enrollment premiums allocated to that tax family. The enrollment premiums are allocated in proportion to the premiums for the applicable SLCSPP for each taxpayer's coverage family. Therefore, you must complete Part 4 to allocate enrollment premiums only if:

- The Marketplace did not issue at least one Form 1095-A for each tax family (which may happen if no APTC is paid for any tax family), or
- The correct applicable SLCSPP premium for at least one tax family for at least one month is different than the amount reported on Form 1095-A.

If the Marketplace furnishes only one Form 1095-A, the taxpayer receiving the Form 1095-A should provide a copy to the other taxpayers. You and the other taxpayer(s) must complete only column e on the appropriate line in Part 4 to allocate the enrollment premiums to each family.

Example. Gary and his 25-year-old nondependent son Jim enroll in a qualified health plan. Jim has no dependents. The policy covers Gary, Jim, and Gary's two young daughters who are Gary's dependents. No APTC is paid for this policy. The Form 1095-A furnished by the Marketplace to Gary shows an enrollment premium of \$15,000 for the year and shows either an applicable SLCSPP premium for a coverage family that incorrectly includes Gary, Gary's daughters, and Jim or does not report an applicable SLCSPP premium. Gary and Jim determine that the premium for the applicable SLCSPP covering Gary and his two dependents is \$12,000 and the premium for the applicable SLCSPP covering Jim is \$6,000. Gary and Jim are applicable taxpayers and each can take the PTC.

Gary computes his credit using his household income and family size of three, and the applicable SLCSPP premium for a coverage family of three of \$12,000. Jim computes his credit

using his household income and family size of one, and the applicable SLCSPP premium for a coverage family of one of \$6,000.

Gary and Jim must allocate the enrollment premium of \$15,000 reported on the Form 1095-A, Part III, column A, in proportion to each taxpayer's applicable SLCSPP premium as follows. Gary's allocated enrollment premium is \$10,000 (\$15,000 x \$12,000/\$18,000) (67% of the total premium of \$15,000) and Jim's allocated enrollment premium is \$5,000 (\$15,000 x \$6,000/\$18,000) (33% of the total premium of \$15,000).

Gary enters Jim's social security number on line 30, column b, and enters "0.67" in column e. Jim enters Gary's social security number on line 30, column b, and enters "0.33" in column e. Gary and Jim leave line 30, columns f and g, blank.

Lines 30 through 33, columns a through g

If you shared a policy with another taxpayer in one of the situations described in [Specific Allocation Situations](#), earlier, complete line 30, columns a through g, as applicable. If you shared a policy with another taxpayer and you are not making an allocation in all three columns, e, f, and g, leave the column blank that does not apply.

If you shared multiple policies during the year or must do more than one allocation for a single policy, complete lines 31 through 33 for each separate allocation, as needed. For instructions on making more than four separate allocations, see [Line 34](#), later.

Not an applicable taxpayer. If you are not an applicable taxpayer because your household income is over 400% of the Federal poverty line or you are using filing status married filing separately and [Situation 2](#), earlier, does not apply to you, you cannot take the PTC. Unless you are electing the alternative calculation for year of marriage, do not enter any percentages in columns e or f when completing Part 4.

Lines 30 through 33, column a. Enter the Marketplace-assigned policy number from Form 1095-A, line 2. If the policy number of the Form 1095-A is more than 15 characters, enter only the last 15 characters.

Lines 30 through 33, column b. Enter the social security number of the taxpayer with whom you are allocating policy amounts. This social security number may or may not be reported on your Form 1095-A, depending on your relationship to the other taxpayer.

Lines 30 through 33, column c. Enter the first month you are allocating policy amounts. For example, if you were enrolled in a policy with your former spouse from January through June, enter "01" in column c.

Lines 30 through 33, column d. Enter the last month you are allocating policy amounts. For example, if you were enrolled in a policy with your former spouse from January through June, enter "06" in column d.

Lines 30 through 33, column e. If your allocation situation requires you to allocate the enrollment premiums on Form 1095-A, lines 21 through 32, column A, enter your allocation percentage for that policy in column e. Enter your allocation percentage as a decimal rounded to two places (for example, for 40%, enter 0.40). Otherwise, leave column e blank.

Lines 30 through 33, column f. If your allocation situation requires you to allocate the premium for the applicable SLCSPP on Form 1095-A, lines 21 through 32, column B, enter your allocation percentage for that policy in column f. Enter your allocation percentage as a decimal rounded to two places (for example, for 67%, enter 0.67). You will enter an allocation percentage in column f, in the following two circumstances.

- You allocated the policy amounts under [Taxpayers divorced or legally separated in 2014](#), earlier.
- You allocated the policy amounts under [Policy shared with an individual for whom another taxpayer claims a personal exemption](#), earlier, **and** APTC was paid for an individual covered by the policy who was **not** in your tax family.

Leave column f blank in all other allocation situations because you do not allocate the premiums for the applicable SLCSPP reported in those situations. Instead, you must determine the correct applicable SLCSPP premium for your coverage family and enter that amount on Form 8962, lines 12 through 23, column B. See Pub. 974 for information on determining the correct premium for the applicable SLCSPP or, if you enrolled through the Federally-facilitated Marketplace, go to www.healthcare.gov/taxes.

Lines 30 through 33, column g. If your allocation situation requires you to allocate the APTC on Form 1095-A, lines 21 through 32, column C, enter your allocation percentage for that policy in column g. Enter your allocation percentage as a decimal rounded to two places (for example, for 80%, enter 0.80). Otherwise, leave column g blank.

Line 34

If you have completed your required allocations of policy amounts shown on Forms 1095-A using lines 30 through 33, check the "Yes" box on line 34. If you must make more than four allocations of policy amounts shown on Forms 1095-A, check the "No" box on line 34 and attach a statement to your return providing the information shown on lines 30 through 33, columns a through g for each additional allocation.

If you got married in 2014 and APTC was paid for an individual in your tax family, see [Table 4](#) under [Line 9](#) in the instructions for Part 2, earlier. Otherwise, check the "No" box on Form 8962, line 10, skip line 11, and continue to [Lines 12 through 23—Monthly Calculation](#) in the instructions for Part 2, earlier.

Part 5—Alternative Calculation for Year of Marriage

Complete Part 5 to elect the alternative calculation for your pre-marriage months. Electing the alternative calculation is optional, but may reduce the amount of excess APTC you must repay. To be eligible to make this election, you must meet either of the following conditions.

- You checked the "No" box on Form 8962, line 6, **and** you answered "Yes" to all 5 questions in [Table 4](#), earlier.
- You checked the "Yes" box on Form 8962, line 6, **and** the "Yes" box on line 14 of [Worksheet 2](#), earlier.

If you, your spouse, or any individual in your tax family had coverage under a qualified health plan for at least one month before your first full month of marriage, use the worksheets and instructions necessary to compute the alternative calculation that are in Pub. 974 under [Alternative Calculation for Year of Marriage](#).



Do not go to Pub. 974 until you have completed [Table 4](#), earlier, to determine whether you meet the requirements to elect the alternative calculation.

Line 35. Complete line 35, columns a through d as indicated in Pub. 974 under [Alternative Calculation for Year of Marriage](#).

Line 36. Complete line 36, columns a through d as indicated in Pub. 974 under [Alternative Calculation for Year of Marriage](#).