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Form **8962**

Department of the Treasury Internal Revenue Service

Premium Tax Credit (PTC)

► Attach to Form 1040, 1040A, or 1040NR.

▶ Information about Form 8962 and its separate instructions is at www.irs.gov/form8962.

2015 Attachment Sequence No. 73

Your social security number

OMB No. 1545-0074

You cannot claim the PTC if your filing status is married filing separately unless you are eligible for an exception (see instructions). If you qualify, check the box. Part I **Annual and Monthly Contribution Amount** Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d 1 2a Modified AGI. Enter your modified **b** Enter the total of your dependents' AGI (see instructions) modified AGI (see instructions) 2b 2a 3 Household income. Add the amounts on lines 2a and 2b 3 Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a 🔲 Alaska b 🔲 Hawaii c 🔲 Other 48 states and DC 4 Household income as a percentage of federal poverty line (see instructions) 5 5 % Did you enter 401% on line 5? (See instructions if you entered less than 100%.) No. Continue to line 7. Yes. You are not eligible to receive PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount. Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions . . . 7 Annual contribution amount. Multiply **b** Monthly contribution amount. Divide line 8a by 12. Round to whole dollar amount Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)? Yes. Skip to Part IV, Shared Policy Allocation, or Part V, Alternative Calculation for Year of Marriage.

No. Continue to line 10. See the instructions to determine if you can use line 11 or must complete lines 12 through 23. Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 No. Continue to lines 12–23. Compute and continue to line 24. your monthly PTC and continue to line 24. (d) Annual maximum (b) Annual applicable (a) Annual enrollment (c) Annual (e) Annual premium tax (f) Annual advance **Annual** SLCSP premium premium assistance premiums (Form(s) contribution amount credit allowed payment of PTC (Form Calculation (Form(s) 1095-A, (subtract (c) from (b), if (s) 1095-A, line 33C) 1095-A. line 33A) (line 8a) (smaller of (a) or (d)) line 33B) zero or less, enter -0-) 11 Annual Totals (c) Monthly (a) Monthly enrollment (b) Monthly applicable (d) Monthly maximum (f) Monthly advance (e) Monthly premium tax contribution amount payment of PTC (Form(s) Monthly premiums (Form(s) SLCSP premium (Form premium assistance (amount from line 8b. credit allowed Calculation 1095-A, lines 21-32, (s) 1095-A, lines 21-32, (subtract (c) from (b), if 1095-A, lines 21-32, or alternative marriage (smaller of (a) or (d)) zero or less, enter -0-) column A) column B) column C) monthly contribution) 12 January 13 February 14 March 15 April 16 May 17 June 18 July 19 August 20 September 21 October 22 November December 23 24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here 25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here 25 26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If you elected the alternative calculation for marriage, enter zero. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 26 Repayment of Excess Advance Payment of the Premium Tax Credit Part III 27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here 27 28 Repayment limitation (see instructions) 28 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44 29

Form 8962 (2015) Page 2 Part IV **Shared Policy Allocation** Complete the following information for up to four shared policy allocations. See instructions for allocation details. **Shared Policy Allocation 1** (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage applied to monthly Percentage amounts **Shared Policy Allocation 2** (a) Policy Number (Form 1095-A, line 2) (d) Allocation stop month (b) SSN of other taxpayer (c) Allocation start month (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts **Shared Policy Allocation 3** (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts **Shared Policy Allocation 4** (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month Allocation percentage (g) Advance Payment of the PTC (e) Premium Percentage (f) SLCSP Percentage applied to monthly Percentage amounts Have you completed shared policy allocation information for all allocated Forms 1095-A? Li Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add allocated amounts across all allocated policies with amounts for non-allocated policies from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24. No. See the instructions to report additional shared policy allocations. Part V Alternative Calculation for Year of Marriage Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a)	Alternative family size	(b)	Monthly contribution	(c)	Alternative start month	(d)	Alternative stop month
36	Alternative entries for your spouse's SSN	(a)	Alternative family size	(b)	Monthly contribution	(c)	Alternative start month	(d)	Alternative stop month

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