Department of the Treasury Internal Revenue Service Name shown on your return

Premium Tax Credit (PTC)

Your social security number

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8962 for instructions and the latest information. Attachment Sequence No. **73**

OMB No. 1545-0074

			tatus is married filing sep		for an exception. See	nstructions. If you qua	lify, ch	neck the box					
Par	Part I Annual and Monthly Contribution Amount												
1	Tax family s	ize. Enter your tax fa	mily size. See instructi	ions			1						
2a	Modified AG	II. Enter your modifie	ed AGI. See instruction	ns	2 a								
b	Enter the to	Enter the total of your dependents' modified AGI. See instructions											
3	Household i	Household income. Add the amounts on lines 2a and 2b. See instructions											
4	Federal pov	ertv line. Enter the fe	ederal poverty line amo	ount from Table 1-1. 1	-2. or 1-3. See instru	ctions. Check the							
-	appropriate	4											
5	Household in	5	%										
6													
7		Reserved for future use											
8a	Annual contrib	unt. Divide line 8a											
oa	line 7. Round t	hole dollar amount	8b										
Par			mount					edit					
9			s with another taxpaye										
			f Policy Amounts, or Part			_							
10	-		e if you can use line 11		-								
			ompute your annual P	•	•	No. Continue	to lin	es 12-23. Compute					
		tinue to line 24.	, , , , , , , , , , , , , , , , , , , ,					d continue to line 24.					
		(a) Annual enrollment	(b) Annual applicable	(c) Annual	(d) Annual maximum	(e) Annual premium	tav	(f) Appual advance					
	Annual	premiums (Form(s)	SLCSP premium	contribution amount	premium assistance	credit allowed		(f) Annual advance payment of PTC (Form(s)					
Calculation		1095-A, line 33A)	(Form(s) 1095-A, line 33B)	(line 8a)	(subtract (c) from (b); i zero or less, enter -0-)	(smaller of (a) or (d))		1095-A, line 33C)					
11	Annual Totals		,		,								
	7 anida i otalo		4224	(c) Monthly	(B.M. III			/0.14 III I					
	Monthly	(a) Monthly enrollment premiums (Form(s)	(b) Monthly applicable SLCSP premium	contribution amount	(d) Monthly maximum premium assistance	(e) Monthly premiun	n tax	(f) Monthly advance payment of PTC (Form(s)					
Calculation		1095-A, lines 21–32,	(Form(s) 1095-A, lines	(amount from line 8b	(subtract (c) from (b); if	if credit allowed	l'	1095-A, lines 21–32,					
		column A)	21-32, column B)	or alternative marriage monthly calculation)	zero or less, enter -0-	(smaller of (a) or (۱))	column C)					
12	January			, ,									
13	February												
14	March												
15													
16	April May												
17	June												
18	July												
19	August												
20	September												
21	October												
22	November						-+						
23	December			4(-) 40(-)		Leading to Labella and		T					
24	•		he amount from line 1	()	• • • •		24						
25	Advance pa	yment of PTC. Enter	the amount from line	11(t) or add lines 12(f)	inrough 23(t) and en	ter the total here	25						
26			is greater than line 25										
	on Schedule												
	leave this line blank and continue to line 27												
Part													
27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here												
28	Repayment limitation (see instructions)												
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2												
	(Form 1040)	, line 2					29						

Form 8962 (2023)

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Comp	lete the following informa	ation for up to four p	policy amount alloc	ations. See instruc	tions for allocation details	s.				
Alloc	ation 1									
30	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SSN of other taxpa (e) Premium Percentage		(c) Allocation start mo		(d) Allocation stop month			
	Allocation percentag applied to monthly amounts	e (e) Pre					(g) Advance Payment of the PTC Percentage			
ΔΙΙος	ation 2									
31	(a) Policy Number (Fo	orm 1095-A, line 2)	095-A, line 2) (b) SSN of other taxpa		yer (c) Allocation start n		nonth (d) Allocation stop month			
	Allocation percentage applied to monthly amounts		e) Premium Percentage		(f) SLCSP Percentage		(g) Advance Payment of the PTC Percentage			
Alloc	ation 3	l .				1				
32	(a) Policy Number (Fo	orm 1095-A, line 2)	095-A, line 2) (b) SSN of other taxpa		yer (c) Allocation start n		onth (d) Allocation stop month			
	Allocation percentag applied to monthly amounts	e (e) Pre	(e) Premium Percentage		(f) SLCSP Percentage		(g) Advance Payment of the PTC Percentage			
ΔΙΙος	ation 4					1				
33	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SSN of other	taxpayer	(c) Allocation start	month	(d) Allocation stop month			
	Allocation percentag applied to monthly amounts	e (e) Pre	(e) Premium Percentage		(f) SLCSP Percentage		(g) Advance Payment of the PTC Percentage			
34	Have you completed all policy amount allocations? Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts 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 policy amount allocations.									
Par	Alternative (Calculation for `	Vear of Marria	70						
Comp		to elect the alternat	ive calculation for	year of marriage. F		election,	, see the instructions for line 9.			
35	Alternative entries for your SSN	(a) Alternative fan	, , ,	native monthly on amount	(c) Alternative start more	nth ((d) Alternative stop month			
36	Alternative entries for your spouse's	(a) Alternative fan		native monthly on amount	(c) Alternative start more	nth ((d) Alternative stop month			