

Premium Tax Credit (PTC)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form8962 for instructions and the latest information.

RIDGE A LONG

Your social security number

515-02-6626

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

| | | | |
|-----------|--|-----------|---|
| 1 | Tax family size. Enter your tax family size. See instructions | 1 | 1 |
| 2a | Modified AGI. Enter your modified AGI. See instructions | 2a | 8,652. |
| b | Enter the total of your dependents' modified AGI. See instructions | 2b | |
| 3 | Household income. Add the amounts on lines 2a and 2b. See instructions | 3 | 8,652. |
| 4 | 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 <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC | 4 | 12,490. |
| 5 | Household income as a percentage of federal poverty line (see instructions) | 5 | 69% |
| 6 | Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input type="checkbox"/> No. Continue to line 7. <input checked="" type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount. | | |
| 7 | Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions | 7 | |
| 8a | Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount 8a | b | Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount 8b |

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** 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, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.
- 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 and continue to line 24.
☒ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

| Annual Calculation | (a) Annual enrollment premiums (Form(s) 1095-A, line 33A) | (b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B) | (c) Annual contribution amount (line 8a) | (d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-) | (e) Annual premium tax credit allowed (smaller of (a) or (d)) | (f) Annual advance payment of PTC (Form(s) 1095-A, line 33C) | |
|--|---|--|---|--|--|--|----|
| 11 Annual Totals | | | | | | | |
| Monthly Calculation | (a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A) | (b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B) | (c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation) | (d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-) | (e) Monthly premium tax credit allowed (smaller of (a) or (d)) | (f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C) | |
| 12 January | | | | | | | |
| 13 February | | | | | | | |
| 14 March | | | | | | | |
| 15 April | | | | | | | |
| 16 May | | | | | | | |
| 17 June | | | | | | | |
| 18 July | | | | | | | |
| 19 August | | | | | | | |
| 20 September | | | | | | | |
| 21 October | | | | | | | |
| 22 November | | | | | | | |
| 23 December | | | | | | | |
| 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 | | | | | | 24 | 0. |
| 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 Schedule 3 (Form 1040), line 8. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 | | | | | | 26 | |

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

| | | | |
|-----------|---|-----------|--|
| 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 | |
| 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 | 29 | |