Form **8962**

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

Premium Tax Credit (PTC)

► Attach to Form 1040 or Form 1040NR.

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

2018 Attachment Sequence No. 73

OMB No. 1545-0074

Your social security number

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												
Par	t I Annu	ual and Monthly	Contribution Am	nount								
1			mily size (see instructi				1					
2a	Modified AG	Modified AGI. Enter your modified AGI (see instructions)										
b	Enter the tot											
3	Household i	Household income. Add the amounts on lines 2a and 2b (see instructions)										
4	Federal pov	ions). Check the 3 states and DC	4									
5		•	ge of federal poverty lin		· · · · · · ·		5	%				
6	Did you ente											
	No. Cor											
	Yes. Yo how to r											
7	Applicable F	ructions	7									
8a	Annual contrib											
Oa	line 7. Round t	nt. Divide line 8a ble dollar amount	8b									
Par					ance Payment of		Cre	dit				
9					e the alternative calcul							
	Yes. Skip	to Part IV, Allocation o	f Policy Amounts, or Part	V, Alternative Calculation	for Year of Marriage.	No. Continue to	line 1	0.				
10	See the inst	ructions to determine	e if you can use line 11	or must complete line	es 12 through 23.							
			ompute your annual P	TC. Then skip lines 12	2–23			es 12-23. Compute				
	and con	tinue to line 24.				your monthly PT	C and	d continue to line 24.				
	Annual	(a) Annual enrollment	(b) Annual applicable SLCSP premium	(c) Annual	(d) Annual maximum premium assistance	(e) Annual premium	tax	(f) Annual advance				
	alculation	premiums (Form(s)	(Form(s) 1095-A,	contribution amount	(subtract (c) from (b), if	credit allowed		eayment of PTC (Form(s) 1095-A, line 33C)				
		1095-A, line 33A)	line 33B)	(line 8a)	zero or less, enter -0-)	(smaller of (a) or (d	((1	1093-A, lifte 330)				
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 sayment 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	-			, ,	through 23(e) and ente		24					
25	Advance pa	yment of PTC. Enter	the amount from line	11(f) or add lines 12(f)	through 23(f) and ente	r the total here	25					
26	Net premium on Schedule 25 is greater	26										
Part	III Repa	ayment of Exces	ss Advance Payn	nent of the Premi	ium Tax Credit							
27		difference here	27									
28	Repayment		28									
29	Excess adv	29										

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Part IV Allocation of Policy Amounts

Part	V Allocation of	Policy Amount	ts							
Comp	lete the following informa	ation for up to four p	olicy amount allocation	ns. See instruct	ions for allocation details					
Alloc	ation 1									
30	(a) Policy Number (Fo	orm 1095-A, line 2)	095-A, line 2) (b) SSN of other taxpa		ayer (c) Allocation start m		(d) Allocation stop month			
	Allocation percentage applied to monthly amounts	e (e) Prei	(e) Premium Percentage		(f) SLCSP Percentage		(g) Advance Payment of the PTC Percentage			
ΔΙΙος	ation 2									
31	(a) Policy Number (Fo	orm 1095-A, line 2)	95-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 (e) Prei	(e) Premium Percentage		(f) SLCSP Percentage		(g) Advance Payment of the PTC Percentage			
ΔΙΙος	ation 3									
32	(a) Policy Number (Fo	orm 1095-A, line 2)	095-A, line 2) (b) SSN of other taxpa		yer (c) Allocation start n		(d) Allocation stop month			
	Allocation percentage applied to monthly amounts	e (e) Prei	(e) Premium Percentage		(f) SLCSP Percentage		(g) Advance Payment of the PTC Percentage			
Alloc	ation 4									
33	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SSN of other tax	payer	(c) Allocation start n	nonth	(d) Allocation stop month			
	Allocation percentage applied to monthly amounts	e (e) Prei	(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	V Alternative C	Calculation for	ear of Marriage							
Comp		to elect the alternati	ve calculation for year			election,	see the instructions for line 9.			
35	Alternative entries for your SSN	(a) Alternative fam	illy size (b) Alternation	,	(c) Alternative start mon	ernative start month (d) Alternative stop m				
36	Alternative entries for your spouse's SSN	(a) Alternative fam	nily size (b) Alternation		(c) Alternative start mon	th (d) Alternative stop month			

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