

# Household Income Worksheets for Form 8965 and Flat Dollar Amount Worksheet

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

## Household Income Worksheet

1. Enter your adjusted gross income (AGI) from Form 1040, line 7, or Form 1040NR, line 37 . . . . . 1. \_\_\_\_\_
2. Enter any tax-exempt interest from Form 1040, line 2a, 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. \_\_\_\_\_ 4. \_\_\_\_\_
5. Modified AGI. Add lines 2 through 4 . . . . . 5. \_\_\_\_\_
6. Amount from Dependents' Combined Modified AGI Worksheet, line 5 . . . . . 6. \_\_\_\_\_
7. Household income. Add lines 1, 5, and 6. Enter here and on the Shared Responsibility Payment Worksheet, line 7 . . . . 7. \_\_\_\_\_
8. Premiums paid through a salary reduction arrangement . . . . . 8. \_\_\_\_\_
9. Household income for computing Coverage Exemption "A". Add lines 7 and 8 . . . . . 9. \_\_\_\_\_
10. Non-taxable social security received by taxpayers and dependents who were required to file a return . . . . . 10. \_\_\_\_\_
11. Household income for computing Coverage Exemption "G" for residents of a state that did not expand Medicaid. Add lines 7 and 10 . . . . . 11. \_\_\_\_\_

## Dependents' Combined Modified AGI Worksheet - Line 2b

1. Enter the AGI for your dependents from Form 1040, line 7 or Form 1040NR, line 37 . . . . . 1. \_\_\_\_\_
2. Enter any tax-exempt interest for your dependents from Form 1040, line 2a, or 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. Add lines 2 and 3 . . . . . 4. \_\_\_\_\_
5. Add lines 1 and 4. Enter here and on Household Income Worksheet, line 6 . . . . . 5. \_\_\_\_\_

The Filing Threshold for this return is . . . . . \_\_\_\_\_

The Federal Poverty Line for this household is . . . . . \_\_\_\_\_

Household income (Household Income Worksheet, line 11) as a percentage of Federal Poverty Line . . . . . \_\_\_\_\_

## Flat Dollar Amount Worksheet

**CAUTION!** Do not complete this worksheet unless the amount on line 10 of the Shared Responsibility Payment Worksheet is less than \$2,085.

For each month, is the amount on line 5 of the Shared Responsibility Payment Worksheet less than the amount on line 10 of the Shared Responsibility Payment Worksheet?*	Yes	No
	Enter the amount from line 10	Enter the amount from line 5
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. Add the amounts in each column . . . . .		
14. Add the amounts on line 13 of both columns. Enter the result on line 11 of the Shared Responsibility Payment Worksheet . . . . .		

\*If the amount on line 1 of the Shared Responsibility Payment Worksheet is -0- for any month, leave both columns of this worksheet blank for that month.