Affordability Worksheet for Form 8965

(Kee	n for	vour	records)	

2018

Name(s) as shown on return

Tax ID Number

(A) Affordat	ility Thre	shold
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Enter 8.05% of your household income (see <u>Household income</u>). For this purpose, increase household income by the amount of any premium that is paid through a salary reduction arrangement and excluded from gross income.

(B) Required Contribution Amount

For each member of your tax household, enter in the columns provided the amount the individual must pay for coverage for the first situation below that applies to that person. If the required contribution is the same for the whole year, enter the annual required contribution in the space for each month. If the required contribution covers only part of the year, use the <u>Annualized Required Contribution Worksheet</u> to determine what the annualized required contribution would be for each month. Once you have figured the annualized required contribution, enter it in the space for each month.

Situations (use the first that applies to each member of your tax household, including you, for each month):

- 1. The lowest cost self-only policy offered to each member of your tax household by his or her employer.
- 2. The lowest cost family policy* offered by your employer or your spouse's employer (if you are filing a joint return).
 - 3. The amount from the Marketplace Coverage Affordability Worksheet.

For each individual, coverage is considered unaffordable and the individual is exempt for any month in which (B), the Required Contribution Amount, is more than (A), the Affordability Threshold.

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Annualized required contribution for:								

^{*}The policy must cover everyone in your tax household:

- Who you list on your 2018 tax return (such as yourself, your spouse if filing jointly, and your dependents) and who can't be claimed as a dependent on someone else's 2018 tax return,
 - Who isn't eligible for employer coverage, and
 - Who doesn't qualify for another coverage exemption.