CAWK3853.LD7

Affordability Worksheet for Form 3853

(Keep for your records)

Name(s) as shown on return Tax ID Number

Enter 8.09% (multiply the applicable household income amount by .0809) of your applicable household income (see Applicable household income).

For this purpose, increase the applicable 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 applicable 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 Annualized Required Contribution Worksheet 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 applicable household, including you, for each month):

- 1. The lowest cost self-only policy offered to each member of your applicable household by his or her employer.
- 2. The lowest cost policy* for all applicable household members offered by your employer or your spouse's/RDP's employer (if you are filing a joint tax 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.

Members of your						
applicable household						
(enter one name						
per column):						
Annualized required contribution for:						
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
	•			•	•	•

- Who you list on your 2023 tax return (such as yourself, your spouse/RDP if filing jointly, and your dependents) and who cannot be claimed as a
 dependent on someone else's 2023 tax return,
- Who is not eligible for other employer coverage, and
- Who does not qualify for another coverage exemption.

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