

# Marketplace Coverage Affordability Worksheet for Form 8965

(Keep for your records)

**2017**

Name(s) as shown on return

Tax ID Number

**CAUTION!**

*Do not complete this worksheet unless you were instructed to do so in the Affordability Worksheet.*

1. Enter the monthly premium for the lowest cost bronze plan that covers everyone in your tax household for whom a personal exemption deduction is claimed, who isn't eligible for employer coverage, and who doesn't qualify for another coverage exemption for the month. To find the lowest cost bronze plan, go to [www.HealthCare.gov/tax-tool](http://www.HealthCare.gov/tax-tool) or the Marketplace for your area. If you are married and file a separate return, enter the monthly premium here and on line 12. Don't complete lines 2 through 11 . . . . . \_\_\_\_\_
2. Enter your household income (see [Household income](#)) . . . . . \_\_\_\_\_
3. Enter the total of all nontaxable social security benefits received by you, your spouse, and each claimed dependent who must file a tax return\* . . . . . \_\_\_\_\_
4. Add lines 2 and 3 . . . . . \_\_\_\_\_
5. Enter the federal poverty line for the number of individuals in your tax household less any dependents not claimed. See the instructions for Form 8962, line 4 . . . . . \_\_\_\_\_
6. Divide line 4 by line 5. If the result (without rounding) is less than 1.0 or more than 4.0, skip lines 7 through 10 and enter -0- on line 11 . . . . . \_\_\_\_\_
7. Multiply line 6 by 100 and round down to the nearest whole number. Enter the applicable figure for the result from the table in the instructions for Form 8962, line 7 . . . . . \_\_\_\_\_
8. Multiply line 4 by line 7 . . . . . \_\_\_\_\_
9. Divide line 8 by 12.0 . . . . . \_\_\_\_\_
10. Enter the monthly premium for the second lowest cost silver plan premium that covers everyone in your tax household for whom a personal exemption deduction is claimed, who isn't eligible for minimum essential coverage (other than coverage in the individual market), and who doesn't qualify for another coverage exemption for the month. To find the second lowest cost silver plan, go to [www.HealthCare.gov/tax-tool](http://www.HealthCare.gov/tax-tool) or the Marketplace for your area . . . . . \_\_\_\_\_
11. Subtract line 9 from line 10. If zero or less, enter -0- . . . . . \_\_\_\_\_
12. Subtract line 11 from line 1. If zero or less, enter -0-. This is the individual's required contribution for the month . . . . . \_\_\_\_\_
13. Is the individual eligible for this coverage for every month of the year?
  - Yes.** Multiply line 12 by 12.0. This is the annualized required contribution. Enter this amount in the space for every month on the [Affordability Worksheet](#) . . . . . \_\_\_\_\_
  - No.** Multiply line 12 by 12.0. This is the annualized required contribution. Enter this amount in the space on the [Affordability Worksheet](#) for each month the individual was eligible for the coverage being tested . . . . . \_\_\_\_\_

\*If the individual filed Form 1040, figure the nontaxable social security benefits received by that individual by subtracting Form 1040, line 20b from Form 1040, line 20a. If the individual filed Form 1040A, figure the nontaxable social security benefits received by that individual by subtracting Form 1040A, line 14b from Form 1040A, line 14a. If the individual filed Form 1040EZ, he or she should have received a Form SSA-1099 or Form RRB-1099 showing the social security benefits received by that individual, all of which were nontaxable.