

**Part IV Allocation of Policy Amounts**

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

**Allocation 1**

|   |                                  |                                   |  |
|---|----------------------------------|-----------------------------------|--|
| <b>30 (a)</b> Policy Number (Form 1095-A, line 2)       | <b>(b)</b> SSN of other taxpayer | <b>(c)</b> Allocation start month | <b>(d)</b> Allocation stop month                 |
| <b>Allocation percentage applied to monthly amounts</b> | <b>(e)</b> Premium Percentage    | <b>(f)</b> SLCSP Percentage       | <b>(g)</b> Advance Payment of the PTC Percentage |

**Allocation 2**

|   |                                  |                                   |  |
|---|----------------------------------|-----------------------------------|--|
| <b>31 (a)</b> Policy Number (Form 1095-A, line 2)       | <b>(b)</b> SSN of other taxpayer | <b>(c)</b> Allocation start month | <b>(d)</b> Allocation stop month                 |
| <b>Allocation percentage applied to monthly amounts</b> | <b>(e)</b> Premium Percentage    | <b>(f)</b> SLCSP Percentage       | <b>(g)</b> Advance Payment of the PTC Percentage |

**Allocation 3**

|   |                                  |                                   |  |
|---|----------------------------------|-----------------------------------|--|
| <b>32 (a)</b> Policy Number (Form 1095-A, line 2)       | <b>(b)</b> SSN of other taxpayer | <b>(c)</b> Allocation start month | <b>(d)</b> Allocation stop month                 |
| <b>Allocation percentage applied to monthly amounts</b> | <b>(e)</b> Premium Percentage    | <b>(f)</b> SLCSP Percentage       | <b>(g)</b> Advance Payment of the PTC Percentage |

**Allocation 4**

|   |                                  |                                   |  |
|---|----------------------------------|-----------------------------------|--|
| <b>33 (a)</b> Policy Number (Form 1095-A, line 2)       | <b>(b)</b> SSN of other taxpayer | <b>(c)</b> Allocation start month | <b>(d)</b> Allocation stop month                 |
| <b>Allocation percentage applied to monthly amounts</b> | <b>(e)</b> Premium Percentage    | <b>(f)</b> SLCSP Percentage       | <b>(g)</b> 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.

**Part V Alternative Calculation for Year of Marriage**

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

|   |                                    |  |                                    |                                   |
|---|------------------------------------|--|------------------------------------|-----------------------------------|
| <b>35 Alternative entries for your SSN</b>          | <b>(a)</b> Alternative family size | <b>(b)</b> Alternative monthly contribution amount | <b>(c)</b> Alternative start month | <b>(d)</b> Alternative stop month |
| <b>36 Alternative entries for your spouse's SSN</b> | <b>(a)</b> Alternative family size | <b>(b)</b> Alternative monthly contribution amount | <b>(c)</b> Alternative start month | <b>(d)</b> Alternative stop month |