

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.