

Name of recipient (if both spouses are recipients, complete a separate form for each spouse)

Recipient's social security number

**Before you begin:** See **Definitions and Special Rules** in the instructions.




*Do not complete this form if you can be claimed as a dependent on someone else's 2019 tax return.*

**Part I Election To Take the Health Coverage Tax Credit**

- 1 Check the box below for the first month in your tax year that you elect to take the Health Coverage Tax Credit (HCTC). **All** of the following statements must be **true** as of the **first day** of that month. You must also check the box for each month after your election month that **all** of the following statements were **true** as of the **first day** of that month.
- You were an eligible trade adjustment assistance (TAA) recipient, alternative TAA (ATAA) recipient, reemployment TAA (RTAA) recipient, or Pension Benefit Guaranty Corporation (PBGC) payee; or you were a qualifying family member of an individual who fell under one of the categories listed above when he or she passed away or with whom you finalized a divorce.
  - You and/or your family member(s) were covered by HCTC-qualified health insurance coverage for which you paid the entire premiums, or your portion of the premiums, directly to your health plan or to "US Treasury-HCTC."
  - You were **not** enrolled in Medicare Part A, B, or C, or you were enrolled in Medicare but your family member(s) qualified for the HCTC.
  - You were **not** enrolled in Medicaid or the Children's Health Insurance Program (CHIP).
  - You were **not** enrolled in the Federal Employees Health Benefits Program (FEHBP) or eligible to receive benefits under the U.S. military health system (TRICARE).
  - You were **not** imprisoned under federal, state, or local authority.
  - Your or your spouse's employer (or former employer) **did not** pay 50% or more of the cost of coverage.

- |                                  |                                   |                                    |                                  |                                   |                                   |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March     | <input type="checkbox"/> April   | <input type="checkbox"/> May      | <input type="checkbox"/> June     |
| <input type="checkbox"/> July    | <input type="checkbox"/> August   | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

**Part II Health Coverage Tax Credit**

2 Enter the total amount paid directly to your health plan for HCTC-qualified health insurance coverage for the months checked on line 1. See instructions. <b>Do not</b> include on line 2 any insurance premiums paid to "U.S. Treasury-HCTC" or any advance monthly payments made on your behalf as shown on Form 1099-H or any insurance premiums you paid for which you received a reimbursement of the HCTC during the year by filing Form 14095 . . . . .	<b>2</b>	
 <p><i>You <b>must</b> attach the required documents listed in the instructions for any amounts included on line 2. If you do not attach the required documents, your credit will be disallowed.</i></p>		
3 Enter the total amount of any Archer MSA or health savings accounts distributions used to pay for HCTC-qualified health insurance coverage for the months checked on line 1 . . . . .	<b>3</b>	
4 Subtract line 3 from line 2. Enter the result, but not less than zero . . . . .	<b>4</b>	
5 <b>Health Coverage Tax Credit.</b> If you received the benefit of the advance monthly payment program for any month not checked on line 1 or received a reimbursement of the HCTC during the year by filing Form 14095 for any month not checked on line 1, see the instructions for line 5 for more details. Otherwise, multiply the amount on line 4 by 72.5% (0.725). Enter the result here and on Schedule 3 (Form 1040 or 1040-SR), line 13 (check box <b>c</b> ); Form 1040-NR, line 69 (check box <b>c</b> ); Form 1040-SS, line 10; or Form 1040-PR, line 10 . . . . .	<b>5</b>	

**For Paperwork Reduction Act Notice, see your tax return instructions.**