

Your Alternative Monthly Contribution Amount

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

Worksheet I. Your Alternative Monthly Contribution Amount

<p>1. Alternative family size: Enter the total number of individuals in your <u>alternative family size</u> (discussed earlier)</p> <p>2. One-half of household income: Divide Form 8962, line 3, by 2. Round to the nearest whole dollar amount</p> <p>3. Alternative federal poverty line: Enter the federal poverty line amount as determined by your alternative family size on line 1 above and the federal poverty table you used on Form 8962, line 4</p> <p>4. Alternative household income as a percentage of federal poverty line: Enter the amount from the worksheet under Step 1. If the amount is 401, stop. Do not complete the rest of this worksheet or Step 2. Continue to Step 3 if you checked the "Yes" box in question 3 in Table A. Otherwise, if you did not complete Part IV of Form 8962, check the "No" box on line 9 of Form 8962 and continue to line 10. If you completed Part IV of Form 8962, check the "No" box on line 10, and see <i>Lines 12 Through 23 - Monthly Calculation</i> in the Instructions for Form 8962</p> <p>5. Alternative applicable figure: Using your line 4 percentage, locate your applicable figure on Table 2 in the Instructions for Form 8962</p> <p>6. Multiply line 2 by line 5 and enter the result rounded to the nearest whole dollar amount</p> <p>7. Alternative monthly contribution amount: Divide line 6 by 12 and enter the result rounded to the nearest whole dollar amount</p> <p>8. Alternative start month: Enter the first full month you or any individual included in your alternative family size on line 1 had coverage under a qualified health plan. For example, enter "02" if you were enrolled in a qualified health plan with coverage effective on February 1</p> <p>9. Alternative stop month: Enter the last month you or any individual included in your alternative family size on line 1 had coverage under a qualified health plan or the month in which you got married, whichever is earlier. For example, enter "09" if you had coverage under a qualified health plan for all of 2019 and you got married on September 5</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p>
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Worksheet II. Your Alternative Monthly Credit Amounts for Pre-Marriage Months

Complete this worksheet only for months beginning with the month on line 8 of Worksheet I and ending with the month on line 9 of Worksheet I. For example, if you entered "02" on Worksheet I, line 8, and "10" on Worksheet I, line 9, complete only lines 2 through 10 of this worksheet.

Monthly Calculation	A. Form(s) 1095-A, lines 21-32, column A*	B. Form(s) 1095-A, lines 21-32, column B*	C. <u>Worksheet I</u> , line 7	D. Subtract C from B (If zero or less, enter -0-.)	E. Smaller of column A or column D
1 January					
2 February					
3 March					
4 April					
5 May					
6 June					
7 July					
8 August					
9 September					
10 October					
11 November					
12 December					

*See **Step 2**, earlier, for instructions on the Form 1095-A amounts to report on this worksheet.

After completing this worksheet: Continue to **Step 3** if you checked the "Yes" box in question 3 in Table A. Otherwise, go to **Step 5**.