

Your Spouse's Alternative Monthly Contribution Amount

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

Worksheet III. Your Spouse's Alternative Monthly Contribution Amount

<p>1. Alternative family size: Enter the total number of individuals in your spouse's <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 spouse's 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: Divide line 2 by line 3. Enter the result rounded to a whole percentage. Use the same rounding rules provided under Line 5 of the Instructions for Form 8962. If the result is more than 400, stop. Do not complete the rest of this worksheet or Step 4. If you completed Step 2, continue to Step 5. If you did not complete Step 2 and 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 did not complete Step 2 and 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 your spouse or any individual included in your spouse's alternative family size on line 1 had coverage under a qualified health plan. For example, enter "05" if your spouse was enrolled in a qualified health plan with coverage effective on May 1</p> <p>9. Alternative stop month: Enter the last month your spouse or any individual included in your spouse's 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 "07" if your spouse's coverage under a qualified health plan (and the coverage of all individuals included in your spouse's alternative family size) terminated July 31 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 IV. Your Spouse's Alternative Monthly Credit Amounts for Pre-Marriage Months

Complete this worksheet only for months beginning with the month on line 8 of Worksheet III and ending with the month on line 9 of Worksheet III. For example, if you entered "05" on Worksheet III, line 8, and "10" on Worksheet III, line 9, complete only lines 5 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 III</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 4, earlier, for instructions on the Form 1095-A amounts to report on this worksheet.

After completing this worksheet: Continue to Step 5.