

Schedule HC Worksheets

2023

(Keep for your records)

Name(s) as shown on return

Your social security number

Health Care Penalty Worksheet

Complete the following worksheet to calculate the penalty. If married filing a joint return and both you and your spouse are subject to a penalty, separate worksheets must be filled out to calculate the separate penalty amounts for you and your spouse, using your married filing jointly income. Each separate penalty amount must then be entered on Form 1, line 35a and line 35b or Form 1-NR/PY, line 39a and line 39b.

Note: If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your tax return.

1. Enter your federal adjusted gross income from Schedule HC, line 2 1

2. Look at Table 5, Annual Income Standards, and enter col. A, B, C or D, based on your family size (from line 1c of Schedule HC) and income (from line 1 above) 2

	Taxpayer	Spouse
3. Based on the column entered in line 2, go to Table 6, Penalties for 2023, to determine the monthly penalty amount. Enter that amount here	3 <input type="text"/>	3 <input type="text"/>

4. Enter the number of gap(s) in coverage of four or more consecutive months in which you were uninsured, as shown in Schedule HC, line 7. (Turning 18, Part-Year Residents or a Taxpayer Was Deceased: When completing line 4, do not include the number of unchecked boxes for months that the mandate did not apply, as determined in Schedule HC, line 7.) If you were uninsured for all of 2023 or for the period that the mandate applied, enter 0	4 <input type="text"/>	4 <input type="text"/>
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5. Enter the total number of months for the gap(s) in coverage in which you were uninsured from line 4. If you were uninsured for all of 2023, enter "12".	5 <input type="text"/>	5 <input type="text"/>
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6. Multiply line 4 by the number "3".	6 <input type="text"/>	6 <input type="text"/>
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7. Subtract line 6 from line 5	7 <input type="text"/>	7 <input type="text"/>
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8. Multiply line 3 by line 7. This is your penalty amount	8 <input type="text"/>	8 <input type="text"/>
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If you are subject to a penalty because you are deemed able to afford insurance in 2023 but did not obtain it, you may appeal the application of the penalty to you. Instructions for filing an appeal can be found online at [mass.gov/dor](https://www.mass.gov/dor). If you are filing an appeal, do not enter a penalty amount on Form 1, line 35a or line 35b or Form 1-NR/PY, line 39a or line 39b. If you are not appealing the penalty, enter the penalty amount from line 8 on Form 1, line 35a or line 35b or Form 1-NR/PY, line 39a or line 39b.

Table 5: Annual Income Standards

Family size	Col. A		Col. B		Col. C		Col. D
	From	To	From	To	From	To	Above
1	\$19,321	\$25,760	\$25,761	\$32,200	\$32,201	\$38,640	\$38,640
2	26,131	34,840	34,841	43,550	43,551	52,260	52,260
3	32,941	43,920	43,921	54,900	54,901	65,880	65,880
4	39,751	53,000	53,001	66,250	66,251	79,500	79,500
5	46,561	62,080	62,081	77,600	77,601	93,120	93,120
6	53,371	71,160	71,161	88,950	88,951	106,740	106,740
7	60,181	80,240	80,241	100,300	100,301	120,360	120,360
8	66,991	89,320	89,321	111,650	111,651	133,980	133,980
additional	+ \$ 6,810 + \$ 9,080		+ \$ 9,080 + \$11,350		+ \$11,350 + \$13,620		+ \$13,620

Table 6: Penalties for 2023

Col.	Monthly penalty amount
A	\$23.00
B	\$45.00
C	\$67.00
D	\$159.00