**Note:** The draft you are looking for begins on the next page.



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Almost every form and publication also has a page on IRS.gov with a friendly shortcut. For example, the Form 1040 page is at <a href="IRS.gov/Form1040">IRS.gov/Form1040</a>; the Pub. 501 page is at <a href="IRS.gov/Pub501">IRS.gov/Pub501</a>; the Form W-4 page is at <a href="IRS.gov/W4">IRS.gov/W4</a>; and the Schedule A (Form 1040) page is at <a href="IRS.gov/ScheduleA">IRS.gov/ScheduleA</a>. If typing in a link above instead of clicking on it, be sure to type the link into the address bar of your browser, not a Search box.

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## Form **8962**

Department of the Treasury Internal Revenue Service Name shown on your return

## **Premium Tax Credit (PTC)**

► Attach to Form 1040, 1040-SR, or 1040-NR
► Go to www.irs.gov/Form8962 for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment
Sequence No. 73

Your social security number

You	cannot take the F	PTC if your filing status	is married filing separately	unless you qualify for ar	n exception (see instruction	ns). If you qualify, ch	eck th	e box ▶□			
Par	t I Annu	ual and Monthly	Contribution Am	nount							
1	Tax family s	ize. Enter your tax fa	mily size (see instructi	ons)	4		_ 1				
2a	Modified AGI. Enter your modified AGI (see instructions)										
b	Enter the total of your dependents' modified AGI (see instructions)										
3	Household income. Add the amounts on lines 2a and 2b (see instructions)										
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. <b>a</b> Alaska <b>b</b> Hawaii <b>c</b> Other 48 states and DC										
	appropriate	4									
5	Household in	5	%								
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%.)										
	No. Continue to line 7.										
	Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for										
_	how to report your excess advance PTC repayment amount.  Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions										
7							7				
8a											
Par	_		mount   8a   t Claim and Reco					dit			
9			ts with another taxpaye								
3	_ `		of Policy Amounts, or Part	•				. ,			
10			e if you can use line 11		-	_ 1101 Continuo to					
			ompute your annual P	•	_	No. Continue t	to lin	es 12-23. Compute			
		ntinue to line 24.	,	·	_			d continue to line 24.			
		(a) Annual enrollment	(b) Annual applicable	(c) Annual	(d) Annual maximum	(e) Annual premium	tax	(f) Annual advance			
C	Annual alculation	premiums (Form(s)	SLCSP premium (Form(s) 1095-A,	contribution amount	premium assistance (subtract (c) from (b), if	credit allowed		payment of PTC (Form(s)			
Ū	aiodiation	1095-A, line 33A)	line 33B)			(smaller of (a) or (d	d))	1095-A, line 33C)			
11	Annual Totals										
		(a) Monthly enrollment	(b) Monthly applicable	(c) Monthly	(d) Monthly maximum	(a) Manthly nyoniy		(f) Monthly advance			
Monthly		premiums (Form(s)	SLCSP premium (Form(s) 1095-A, lines 21–32, column B)	contribution amount (amount from line 8b or alternative marriage	premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))		payment of PTC (Form(s)			
Calculation		1095-A, lines 21–32, column A)						1095-A, lines 21–32, column C)			
		,		monthly calculation)							
12	January										
13	February										
14	March										
15	April										
16	May										
17	June										
18 19	July August						+				
20	September						+				
21	October						+				
22	November										
23	December										
24		um tax credit. Enter t	he amount from line 1	1(e) or add lines 12(e)	through 23(e) and ente	er the total here	24				
25	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here										
	•	25									
Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0 Stop											
here. If line 25 is greater than line 24, leave this line blank and continue to line 27											
Par	Part III Repayment of Excess Advance Payment of the Premium Tax Credit										
27	27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here 27										
28	Repayment	limitation (see instru	ctions)				28				
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2										
	(Form 1040 or 1040-SB), line 2, or Form 1040-NB, line 44										

Form 8962 (2019) Page 2 **Allocation of Policy Amounts** Part IV Complete the following information for up to four policy amount allocations. See instructions for allocation details. Allocation 1 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage applied to monthly Percentage amounts Allocation 2 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (f) SLCSP Percentage (e) Premium Percentage Percentage applied to monthly amounts Allocation 3 (b) SSN of other taxpayer (a) Policy Number (Form 1095-A, line 2) (c) Allocation start month (d) Allocation stop month 32 Allocation percentage (g) Advance Payment of the PTC (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 4 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month Allocation percentage (g) Advance Payment of the PTC (e) Premium Percentage (f) SLCSP Percentage applied to monthly Percentage amounts Have you completed all policy amount allocations? ☐ Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and nonallocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24. No. See the instructions to report additional policy amount allocations.

## Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

Alternative entries for your spouse's contribution amount (a) Alternative family size (b) Alternative monthly contribution amount (c) Alternative start month (d) Alternative stop month	35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
55N	36		(a) Alternative family size	1	(c) Alternative start month	

Form **8962** (2019)