

Premium Tax Credit (PTC)

Add Form Element



Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8962 for instructions and the latest information.

2021 Attachment Sequence No. 73

Name shown on your return

Your social security number

Form 8962

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PDF Connection Settings



Name shown on your return

- A.** If you, or your spouse (if filing a joint return), received, or were approved to receive, unemployment compensation for any week during 2021, check the box. See instructions.
- B.** You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you

Part I Annual and Monthly Contribution Amount

- 1** Tax family size. Enter your tax family size. See instructions.
- 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. **a** ☐ Alaska **b** ☐ Hawaii **c** ☐ Other 48 states and DC
- 5** Household income as a percentage of federal poverty line (see instructions).
- 6** Reserved for future use.
- 7** Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions.
- 8a** Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount.
- b** Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount.

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? ☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☐ **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23. ☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12–23 and continue to line 24. ☐ **No.** Continue to line 12.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSF premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual premium (subtract zero or less, enter -0-)	(e) Annual premium (smaller of (a) or (b))
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