Form 8962							
Department of the Treasury Internal Revenue Service							
Name shown on your return	ì						

Premium Tax Credit (PTC)

OMB No. 1545-0074

► Attach to Form 1040, 1040A, or 1040NR.

▶ Information about Form 8962 and its separate instructions is at www.irs.gov/form8962.

Your social security number

2016 Attachment Sequence No. 73

You c	annot claim the	PTC if your filing status	s is married filing separate	ly unless you qualify for a	n exception (see instructi	ons). If you qualify, cl	heck th	e box.
Par	tl Annu	ual and Monthly	Contribution Am	nount				
1	Tax family s	ize. Enter the numbe	er of exemptions from I	Form 1040 or Form 10	40A, line 6d, or Form ⁻	1040NR, line 7d	1	
2a	Modified A AGI (see ins	ur dependents' ons)	2b					
3		,	2a ounts on lines 2a and 2		,	,	3	
4	Federal pov	ions). Check the 8 states and DC	4					
5			poverty table used. a ge of federal poverty lin			o states and DO	5	%
6			See instructions if you		· · · · · · ·		5	70
Ŭ		ntinue to line 7.			,0.)			
	_		take the PTC. If adva	nce payment of the P	TC was made. see the	e instructions for		
		0	dvance PTC repaymer		,			
7	Applicable F	igure. Using your line	e 5 percentage, locate y	our "applicable figure"	on the table in the inst	ructions	7	
8a	Annual contrib	oution amount. Multiply li	ine 3 by	b Mont	hly contribution amour	nt. Divide line 8a		
		to nearest whole dollar a			2. Round to nearest who		8b	
Part			t Claim and Reco					
9		• •	ts with another taxpaye	•		_ •	-	
	•		of Policy Amounts, or Part		Ũ	No. Continue to	line 1	0.
10			e if you can use line 11	•	•			10.00
		ntinue to line 11. Continue to line 24.	ompute your annual P	TC. Then skip lines 12	2-23			es 12–23. Compute d continue to line 24.
			(b) Annual applicable	())	(d) Annual maximum			
	Annual	(a) Annual enrollment premiums (Form(s)	SLCSP premium	(c) Annual contribution amount	premium assistance	(e) Annual premium credit allowed		(f) Annual advance bayment of PTC (Form
G	alculation	1095-A, line 33A)	(Form(s) 1095-A, line 33B)	(line 8a)	(subtract (c) from (b), if zero or less, enter -0-)	(smaller of (a) or (d		(s) 1095-A, line 33C)
11	Annual Totals							
	Monthly alculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32,	SLCSP premium (Form (s) 1095-A, lines 21–32,	(c) Monthly contribution amount (amount from line 8b or alternative marriage	(d) Monthly maximum premium assistance (subtract (c) from (b), if	(e) Monthly premium credit allowed (smaller of (a) or (d	pa	(f) Monthly advance ayment of PTC (Form(s) 1095-A, lines 21–32,
		column A)	column B)	monthly calculation)	zero or less, enter -0-)			column C)
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	Total premiu	um tax credit. Enter t	the amount from line 1	1(e) or add lines 12(e)	through 23(e) and ente	r the total here	24	
25	Advance pa	yment of PTC. Enter	the amount from line	11(f) or add lines 12(f)	through 23(f) and ente	r the total here	25	
26			s greater than line 25, su					
	than line 24.	leave this line blank an	or Form 1040NR, line 65 id continue to line 27 .				26	
Part			ss Advance Payn					1
27			If line 25 is greater than			e difference here	27	
28		limitation (see instru	•				28	
29	Excess adva	ance premium tax cr	redit repayment. Enter	the smaller of line 27	or line 28 here and on	Form 1040, line		
	40; ⊢orm 10	40A, line 29; or For	m 1040NR, line 44 .				29	

For Paperwork Reduction Act Notice, see your tax return instructions.

Part IV **Allocation of Policy Amounts** Complete the following information for up to four shared policy 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 30 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage applied to monthly Percentage amounts Allocation 2 (d) Allocation stop month (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month 31 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 3 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 32 (g) Advance Payment of the PTC Allocation percentage (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 33 Allocation percentage (g) Advance Payment of the PTC (e) Premium Percentage (f) SLCSP Percentage applied to monthly Percentage amounts 34 Have you completed all policy amount allocations? L 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.

35	Alternative entries for your SSN	(a)	Alternative family size	 Alternative monthly tribution amount	(c)	Alternative start month	(d)	Alternative stop month
36	Alternative entries for your spouse's SSN	(a)	Alternative family size	 Alternative monthly tribution amount	(c)	Alternative start month	(d)	Alternative stop month

Form 8962 (2016)