

# 2016 무료세금봉사

Volunteer Income tax assistance
Site Orientation



# **Schedule**

- √11:00 12:00 ACA Training
- √12:10 12:45 봉사시 Guide Line
- ✓12:45 12:50 VITA 출범기념사진촬영
- √13:10 14:00 Team/Group Lunch

# Staff Training



Affordable Care Act TY2015 요약 중점 사항



## About the Affordable Care Act (ACA)

The Affordable Care Act (ACA), requires that individuals:

- Have qualifying health insurance coverage for each month of the year or
- Qualify for coverage exemption, or
- Make a shared responsibility payment when filing a federal tax return



- Employer-sponsored coverage
- □ Individual health coverage
- Coverage under government-sponsored programs

# What is the minimum essential coverage?

### **Employer-sponsored coverage:**

- ☐ Group health insurance coverage for employees under
  - ✓ A governmental plan, such as the Federal Employees
    Health Benefit program
  - ✓ A plan or coverage offered in the small or large group market within a state
  - ✓ A grandfathered health plan offered in a group market
- □ A self-insured health plan for employees
- □ COBRA coverage
- ☐ Retiree coverage



### Individual health coverage:

- ☐ Health insurance you purchase directly from an insurance company
- ☐ Health insurance you purchase through the Marketplace
- ☐ Health insurance provided through a student health plan

# What is the minimum essential coverage?

# Coverage under government-sponsored programs:

- ✓ Medicare Part A coverage
- ✓ Medicare Advantage plans
- ✓ Most Medicaid coverage
- ✓ Most Children's Health Insurance Program (CHIP) coverage
- ✓ Most types of TRICARE coverage
- ✓ Comprehensive health care programs offered by the Department of Veterans Affairs
- ✓ Health coverage provided to Peace Corps volunteers
- ✓ Department of Defense Non appropriated Fund Health Benefits Program
- ✓ Refugee Medical Assistance



				Page 3
Chec	k app	ropriate	box for each question in each section	
Yes	No	Unsure	Part VI - Health Care Coverage - Last year, did you, your spouse, or dependent(s)	
			(B) Have health care coverage?	
			2. (B) Receive one or more of these forms? (Check the box)  Form 1095-B Form 1095-C	
			(A) Have coverage through the Marketplace (Exchange)? [Provide Form 1095-A]	
			3a. (A) If Yes, Receive an advanced payment from the Marketplace to help pay your monthly health care payments?	
			3b. (A) If yes, Is everyone listed on your Form 1095-A being claimed on this tax return?	
			4. (B) Have an exemption granted by the Marketplace?	

Visit http://www.healthcare.gov/ or call 1-800-318-2596 for more information on health insurance options and assistance.

If advance payments of the premium tax credit were paid on your behalf to help pay your health insurance premiums, you should report life changes, such as, income, marital status or family size changes, to your Marketplace. Reporting changes will help to make sure you are getting the proper amount of advance payments.

To be Completed by a Certified Volunteer Preparer (Use Publication 4012 and check the appropriate box(es) indicating Minimum Essential Coverage (MEC) for everyone listed on the return.) MEC Part Year MEC Exemption (mark months Name (List dependents in the Exemption No MEC Notes (mark months with coverage) same order as in Part II) **Entire Year** exemptions applies) All Year JEMAMJJASOND JEMAMJJASOND Taxpayer JEMAMJJASOND JEMAMJJASOND Spouse JEMANJJASOND JEMANJJASOND Dependent Dependent JEMAMJJASOND JEMAMJJASOND JEMAMJJASOND JEMAMJJASOND Dependent JEMAMIJASOND JEMAMIJASOND Dependent JEMAMJJASOND JEMAMJJASOND Dependent



# 13614 Intake/Interview Sheet

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예	아니요	불확실	파트 VI. 건강	} 관리 보험- 다{	음 중 작년도에 :	위하 (또는	귀하의	배우지	나부	양가족	)에게	해당:	되는	항목	은 무	엇입	니까?			
			1. (B) 건강	관리 보험에 가약	법하고 있습니까	?														
			2. (B) 다음	양식 중 하나 이	상을 받습니까?	(해당 칸:	을 체크:	하십시오	2)		orm	1095	-B		For	m 10	95-C			
			3. (A) 해당	기관(거래소)을	통해 보험에 가약	하였습니	까? [F	orm 10	95-A	제시]										
			3a. (A)	'예'일 경우 윌 건	강 관리 보험료	납부 지원	<u>l</u> 을 위히	∦ 해당기	]관(M	arketı	olace	)에서	선급	금을	받습1	니까?	•			
			3b. (A)	'예'일 경우 귀하	의 Form 1095-	A에 기입	된 모든	사람을	이세	금 보고	교서여	서 청	구합	니까?						
			4. (B) 해당	기관(Marketpla	ce)에서 면제를	적용 받습	니까?													
건강	보험 옵션	과 지원	게 관한 자세한	내용은 웹사이!	http://www.h	ealthcar	e.gov/{	를 참조:	하거나	전화 :	1-80	0-318	3-259	96번.	으로	문의	하십시	오.		
			해 보험료 세약   받을 수 있습		지급 받았을 경	P 소득, 전	혼 상태	# 또는	가족 구	구모 변	경 등	변경	사항	을 해	당기:	반에	보고하	야 합니다. 변	변경 사	항을 보고하면 적절한 금
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### 13614 Intake/Interview Sheet

#### Form 1095-A

Insurance companies participating in health care exchanges should provide you with the 1095-A form, a health insurance marketplace statement. This form includes:

- Your name
- The amount of coverage you have
- Any tax credits you were entitled to
- If you used them to pay for your health insurance and the amount you paid for coverage You use this information to complete your income tax filing, adjust any tax credit payments and claim any premium tax credits that may be due.

#### Form 1095-B

Employers with fewer than 50 full-time employees that offer health coverage, as well as health care insurance providers, send the 1095-B form to members of their health insurance plans, as of the 2015 tax year. This form includes:

- The type of coverage you have
- Your dependents covered
- The period of the coverage

This form is used to verify on your tax return that you and your dependents have at least Minimum Essential Coverage (MEC). If you had a break in health care coverage for the tax year, you may have to pay an individual shared responsibility payment.

#### Form 1095-C

Form 1095-C, employer-provided health insurance offer and coverage, shows the coverage that is offered to you by your employer, as of the 2015 tax year. It is <u>used by larger companies with 50 or more full-time</u> equivalent employees. This form provides information of the coverage your employer offered and whether or not you chose to participate. You can use this to complete your tax return.

# Form 1095-A (CoveredCA 가입자)

Form 1095-A  Department of the Treasury Internal Revenue Service		tion about	ce Marketplace Form 1095-A and its se	parate instructions		RECTED	OMB No. 1545-2232
Part I Recipient  1 Marketplace identifier	Information	2 Marketpk	ace-assigned policy number	3 Policy issuer's nar	ne		
4 Recipient's name				5 Recipient's SSN		6 Recipi	ient's date of birth
7 Recipient's spouse's na	me			8 Recipient's spous	e's SSN	9 Recipi	ient's spouse's date of birth
10 Policy start date		11 Policy ter	mination date	12 Street address (inc	cluding apartmen	nt no.)	
13 City or town		14 State or p	province	15 Country and ZIP o	r foreign postal	code	
Part II Covered	Individuals						
A. Cover	ed individual name		B. Covered individual SSN	C. Covered individual date of birth	D. Coverage	start date	E. Coverage termination date
16							
17							
18							

# Form 1095-B,C

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Form 1095-B			Healt	th Cove	rage	•				VOIL	•	ı									
Department of the Treasury Internal Revenue Service	▶ Informatio	on about Form	1095-B and it	s separate ins	truction	s is at w	ww.irs.gov/fo	orm1095b.		COR	RECT	ED	2	201	5						
	ible Individual						<b>J</b>									_					
<ol> <li>Name of responsible indi</li> </ol>	lividual					2 S	ocial security nu	mber (SSN)		3 Da	te of birt	th (If SSN	is not a	vailable)							
4 Street address (including	apartment no.)		5 City or to	wn		6 8	State or province			7 C	ountry an	nd ZIP or	foreign	postal coo	ie	_					
						9 5	Imall Rusiness Hea	alth Ontions Proc	ram (SH	IOP) Market	nlace iden	ntifier if an	nlicable								
8 Enter letter identifying																					
Part II Employe  10 Employer name																/OID				60	00116
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12 Street address (includin	Department of the T Internal Revenue Se		► Infor	mation abou	t Form 1	1095-C	and its separ	rate instruc	tions i	s at www	v.irs.go	v/form	1095c			CORRI	ECTED	)	20	15	j
Part III Issuer or	Part I Emp									A	plica	ble La	arge l	Emplo	yer Me	embe	r (Emp	loyer)			
16 Name	1 Name of employ	ee			2	Social s	ecurity number	(SSN)	7 Na	me of emp	loyer						8	Employe	r identifica	tion num	iber (EIN)
19 Street address (including	3 Street address (i	ncluding apartm	nent no.)						9 Str	reet addres	ss (includ	ding roor	n or suit	te no.)			10	Contact t	telephone	number	
Part IV Covered	4 City or town		5 State or provin	nce	6	Country a	and ZIP or foreig	n postal code	11 Cit	ty or town			12 St	ate or pro	ovince		13	Country a	nd ZIP or fo	reign pos	stal code
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		All 12 Months	Jan	Feb	М	lar	Apr	May	$\perp$	June	J	luly	A	Aug	Sep	pt	Oct		Nov	1	Dec
23	14 Offer of Coverage (enter required code)																				
	15 Employee Share of Lowest Cost																				
24	Monthly Premium, for Self-Only																				
	Minimum Value Coverage	\$	\$	\$	\$		\$	\$	\$		\$		\$		\$	,	\$	\$		\$	
25	16 Applicable Section 4980H Safe																				
	Harbor (enter code, if applicable)																				
26	Part III Cov	ered Indivi												. 🗆	L						
	If Em	ployer provi	ded self-insu	red coverag	e, chec				_	for eac	h cove	red inc	dividua		Months	of Cover	200				
27	(a) Name	of covered indi	vidual(s)	(b)	SSN	'	(c) DOB (If SSN not available)			Jan F	eb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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28	17																				
For Privacy Act and Pap									+	-	$\rightarrow$	-					+	+	-		+-

# What documentation will taxpayers receive?

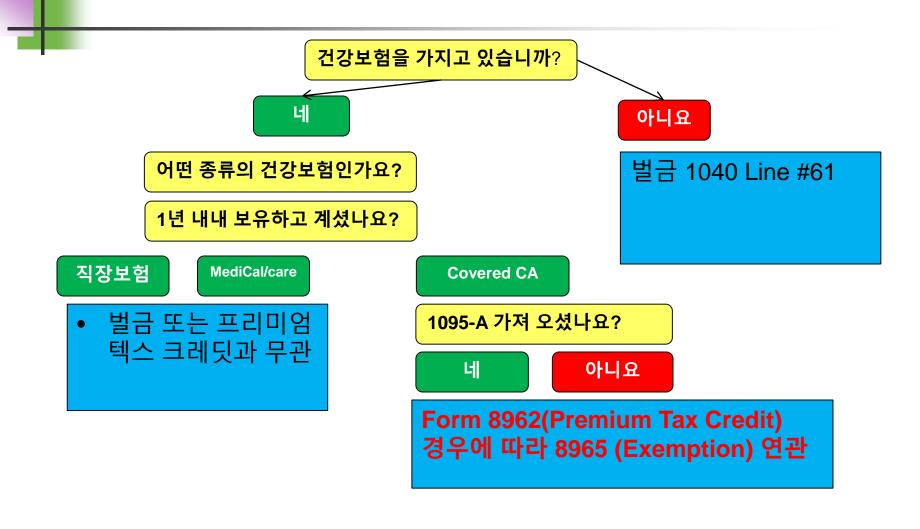
CoveredCA 보험에 가입한 납세자는 1월 31일까지 Form 1095-A 를 받을 것입니다.

By January 31 of the year following the year of coverage, the Marketplace will send taxpayers who purchased insurance through the Marketplace Form 1095—A. The information statement includes the monthly premium for the applicable SLCSP used to compute the credit, the total monthly premium for the coverage of the taxpayer or family member, the amount of the advance credit payments, the SSN and names for all covered individuals, and all other required information. The Marketplace also reports this information to the IRS.

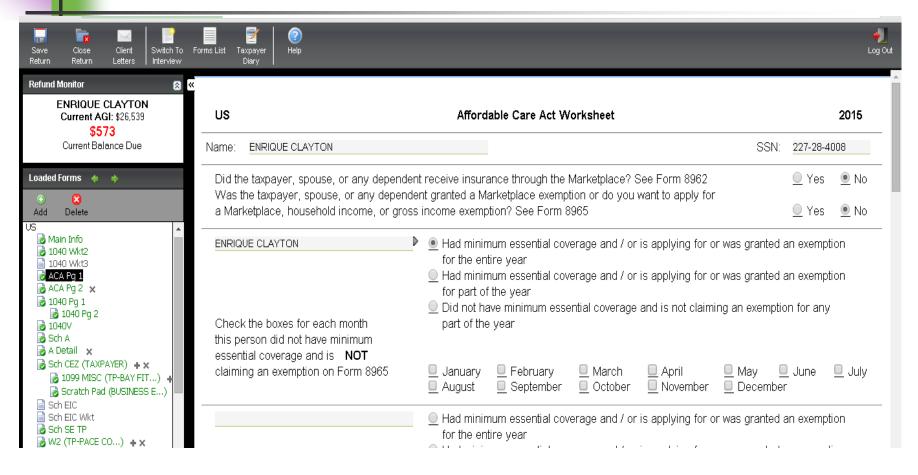
Use the information on Form 1095-A to compute taxpayers' premium tax credit on their 2015 tax return and to reconcile the advance credit payments made on their behalf with the amount of the actual premium tax credit on Form 8962.

If Form 1095-A was lost or never received, advise the taxpayer to contact the Marketplace for a copy.

### **ACA or CoverCA**



# TaxWise ACA pg#1 (가족전체)



# TaxWise ACA pg#1 (2 Q's)

Did the taxpayer, spouse, or any dependent receive insurance through the Marketplace? See Form 8962

Was the taxpayer, spouse, or any dependent granted a Marketplace exemption or do you want to apply for a Marketplace, household income, or gross income exemption? See Form 8965

Yes

No

- Q1. 세금보고자,배우자 또는 부양가족 중에 Covered CA에 보험 가입/혜택을 받으셨나요?
- YES 라고 하면, 자동으로 Form 8962(Premium Tax Credit) 가 TaxWise 왼쪽 창에 Form이 생성된다
- Q2. 세금보고자,배우자 또는 부양가족 중에 Covered CA의 대상에서 제외되었거나, 또는 Covered CA, 연수입, 총수입에 따른 면제에 해당하는가요?
  - YES 라고 하면, 자동으로 Form 8965 (Health Coverage Exemptions) 생긴다

# Form 8962 / 8965

		1						MR No. 1545-0074
orm	8962		Prem	ium Tax Cred	lit (PTC)		H	
			► Attack	to Form 1040, 1040	A. or 1040NR.			20 <b>15</b>
nternal	nent of the Trea Revenue Servic	e Informati	on about Form 8962		ructions is at www.i			Sequence No. 73
ame :	hown on your r	eturn			Your so	cial security number		
			is married filing separate		for an exception (see in	structions). If you quali	ity, chec	k the box.
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			receive PTC. If adva	oce payment of the P	TC was made, see t	ne instructions for		
			nce PTC repayment ar					
7	Applicable F	igure. Using your line	5 percentage, locate	our "applicable figure	on the table in the in	structions	7	
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_	and continu	e to line 24.	(b) Annual applicable		2-23 (d) Annual maximum	your monthly PTC a	and cor	ntinue to line 24.
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# TaxWise ACA pg#1 (4 Q's 각개인별)

KELLY FLOYD • Had minimum essential coverage and / or is applying for or was granted an exemption for the entire year Had minimum essential coverage and / or is applying for or was granted an exemption for part of the year Did not have minimum essential coverage and is not claiming an exemption for any Check the boxes for each month part of the year this person did not have minimum essential coverage and is NOT April July claiming an exemption on Form 8965 □ January
□ February March ■ May June □ September □ October □ November □ December August

Q1: 건강보험을 <mark>한해 동안 빠짐 없이</mark> 가지고 있었나요? 건강보험을 한 해동안 지속적으로 가지고 있다. 또는 빠진 부분이 있지만 면제를 신청 할 수 있다

Q2: 건강보험을 전체가 아닌 부분적으로 가지고 있었나요?

YES이면 밑에 있는 1월 부터 12월까지 Red Color로 바꾸며 해당 월에 체크 마트하면 된다.

Q3: 건강보험을 가진 적이 없으며, 한해 동안 부분적으로 면제해 주것을 요청한 적이 없나요?

건강보험이 없었으며 Form 8965에 면제 신청을 하지 않는 해당 월을 체크해



# What are the health coverage exemptions? (ACA면제자/또는 해당사항 없는자)

#### The following is a partial list of exemptions:

- 직장 보험이 있는 사람
- 연중 3개월이하 동안 보험이 없는 사람
- 수입이 적어 세금보고를 하지 않아도 될 사람
- 미국 시민권자나 영주권자가 아닌 사람
- 비영리단체에서 일하여 보험이 필요치 않는 사람
- 정부가 지정한 아메리칸 인디언
- 범법자로 현재 감옥에 수감된 사람
- 종교 성직자
- 현재 Medicare 를 가지고 있는 사람

# What is the shared responsibility payment? (벌금)

For 2015, the SRP amount is:

- The greater of:
  - 2 % (TY2014;1%) of the household income that is above the tax return filing threshold for the taxpayer's filing status, or
  - The family's flat dollar amount, which is \$325 (TY2014: \$95) per adult and \$162.50(TY2014: \$47.50) per child (under age 18), limited to a family maximum of \$975 (TY2014: \$285).

# How to report minimum essential coverage (MEC)?

Taxpayers who had MEC for each month of their tax year will indicate this on their 2015 tax return by checking a box on their Form 1040, 1040A or 1040EZ

(납세자가 해당 Tax년도에 매달 의료보험을 가지고 있었다면 1040/1040A/1040EZ)에 Check Mark 하면 됩니다)

	56	Subtract line 55 from line 47. If line 55.5 more than line 47, enter -0	00
	57	Self-employment tax. Attach Schedule SE	57
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
axes	60a	Household employment taxes from Schedule H	60a
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b
	61	Health care: individual responsibility (see instructions) Full-year coverage 🗹	61
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; exter c de(s)	62
	63	Add lines 56 through 62. This is your total tax	63
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64	

Taxpayers who did not maintain MEC for each month of their tax year will claim a coverage exemption or calculate an SRP

(만약 납세자가 MEC를 없다면, Coverage Exception 또는 SRP를 계산해야 합니다.



### **TYPE of Coverage Exemptions**

A: Coverage Considered unaffordable

**B**: Short Coverage Gap 3개월 미만 동안 보험을 갖지 않은 경우

C: Not lawfully present in the U.S and not a U.S. citizen or U.S. national.

**D**: Members of a health care sharing ministry 종교단체에 운영하는 보험에 가입



# Hardship Exemptions Granted by the Marketplace

### Hardship Exemptions Granted by the Marketplace

- Homelessness
- Eviction in the last 6 months or facing eviction or foreclosure
- Utility shut-off notice
- Domestic violence
- Recent death of a close family member
- Disaster that resulted in significant property damage
- 7. Bankruptcy in the last 6 months
- Significant debt from medical expense in the last 24 months

- 9. High expense caring for ill, disabled or aging relative
- Failure of another party to comply with a medical support order for a dependent child who is determined ineligible for Medicaid or CHIP
- Through an appeals process, determined eligible for a Marketplace QHP, PTC, or CSR but was not enrolled
- Determined ineligible for Medicaid because the state did not expand coverage
- Individual health insurance plan was cancelled and you believe Marketplace plans are considered unaffordable
- 14. Other hardship in obtaining coverage



# 발생 가능한 시나리오

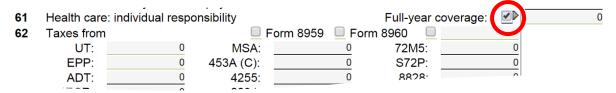
- 1. 1년 내내 직장을 다녀 직장보험이 있는 경우
- 2. 1년 내내 ACA 보험을 가지고 있던 경우 선량한 자영업자
- 3. 1년 내내 (직장/ACA)보험도 없는 경우 벌금형 Extra: 만약 AGI 가 커지는 경우 '2'와 비교한 경우 – 간 큰 사람형
- 4. 1년중 몇개월만 직장보험을 가진 경우
- 5. 1년중 몇개월만 ACA를 가진 경우
- 6. 1년중 직장+무보험+ACA를 혼합해 가진 경우



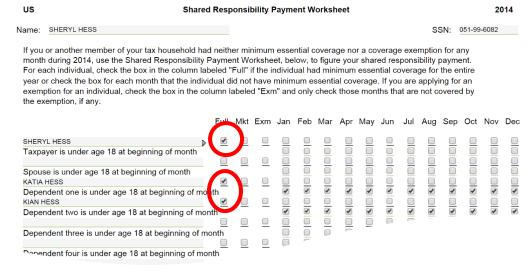
# Case #1 1년 내내 직장보험을 가지고 있는 경우

납세자가 직장 또는 MediCare/Cal을 1년 내내 가지고 있다.

1. 1040 Line#61에 가서 Full-year coverage Box에 Check Mark 한다.



2. TaxWise 1040 Wk#8 에 가서 Full에 Check 하면 된다(TaxPayer and Dependents)



## Case #1 1년 내내 직장보험을 가지고 있는 경우

3. Form 8965(Health Coverage Exemptions) Part III 에서 Tax Payer의 이름,SSN, Exemption Type "A", Full Year에 Check 한다

#### Part II: Coverage Exemptions for Your Household Claimed on Your Return

7a Are you claiming an exemption because your household income is below the filing threshold?

b Are you claiming a hardship exemption because your gross income is below the filing threshold?

Yes N

#### Part III: Coverage Exemptions for Individuals Claimed on Your Return

If you and / or a member of your tax household are claiming an exemption on your return, complete Part III.

	<b>a</b> Name	b SSN	<b>c</b> Exemption type	<b>d</b> Full year	<b>e</b> Jan	<b>f</b> Feb	<b>g</b> Mar	<b>h</b> Apr	i Nov	<b>j</b> Jun	<b>k</b> Jul	<b>I</b> Aug	<b>m</b> Sep	n Oct	o Nov	<b>p</b> Dec
8 9 10 11 12 13	SHERYL HESS KATIA HESS KIAN HESS	031-99-6084 032-99-0608 033-99-6084	a a a													

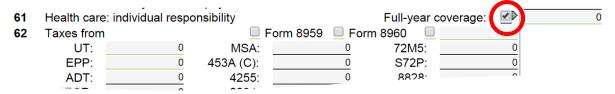
This facsimile form is not approved for filing directly to the IRS.

Print IRS form using "Print Return" or "Print Current Form".

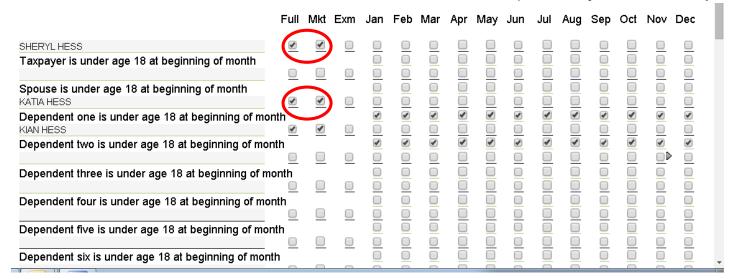
[TIPs] 간접적으로 확인하는 방법은 W-2 Box#12에 DD 로 표기 되어 있으며, 금액이 기입된 경우

납세자가 2014년 일년 내내 ACA(CoveredCA) 가지고 있다.

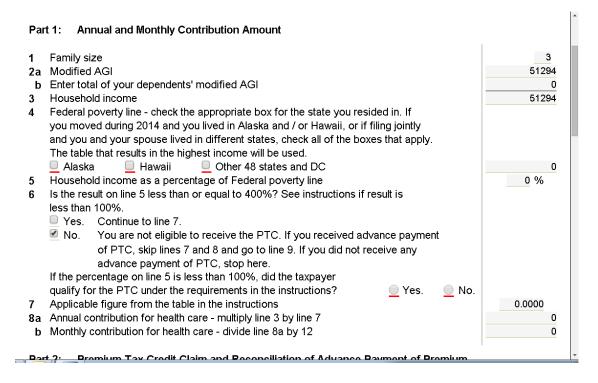
1. 1040 Line#61에 가서 Full-year coverage Box에 Check Mark 한다.



2. TaxWise 1040 Wk#8 에 가서 Mkt에 Check 하면 된다 (TaxPayer and Dependents)



- 3. Left side Form Menu에 Form 8962 (Premium Tax Credit) 새로 생긴다 [TIPs] 미보험에 따른 벌금(Penalty)는 없다
- 4. Form 8962 Part , Line 4에 other 48 states and DC에 기입한다



기입하면, 프로그램이 자동으로 "5" – "8b"까지 자동으로 계산한다

5. Form 8962 Part 2 , Line 9, 10 사항을 납세자 경우에 맞게 Yes / No를 기입한다

#### Part 2: Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

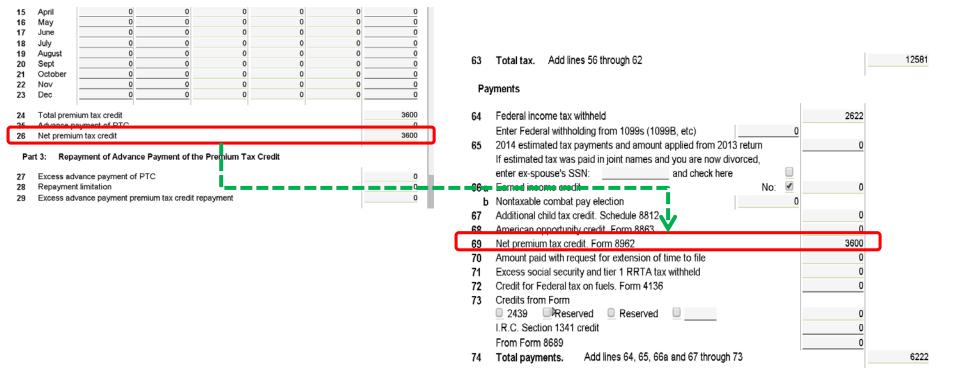
- 9 Did you share a policy with another taxpayer or get married during the year and want to use the alternative calculation? (see instructions)
  - Yes. Skip to Part 4, Share Policy Allocation, or Part 5, Alternative Calculation for Year of Marriage
  - No. Continue to line 10.
- 10 Do all Forms 1095-A for your tax household include coverage for January through December with no changes in monthly amounts shown in lines 21 32, columns A and B?
  - Yes. Continue to line 11. Compute your annual PTC. Skip lines 12 23 and continue to line 24.
    - No. Continue to lines 12 23. Compute your monthly PTC and continue to line 24.

[TIPs]

6. From 1095-A Part III 의 Line 33 'A' 와 'B' 숫자를 Form 8962 Part 2, Line 10 (Annual Calculation) 'A' and 'B'에 기입. 'C'는 자동으로 생성됨

Part III Household Inform	mation				Annual C	alculation				
Month	A. Monthly Premium Amount	Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit			A Premium	B Annual	C Annual	<b>D</b> Annual	E Annı
21 January	325.00	300.00	20.00			amount	premium	contribution	maximum	prem
22 February	325.00	300.00	20.00			Form 1095-A	amount of	amount	premium	ta
23 March	325.00	300.00	20.00			line 33A	SLCSP	Line 8A	assistance	cred
24 April	325.00	300.00	20.00				Form 1095-A			allow
25 May	325.00	300.00	20.00				line 33B			
26 June	325.00	300.00	20.00	11	Annual			<b>—</b> , —	<b>\</b>	
27 July	325.00	300.00	20.00		totals	390	0 3600	4324	1	0
28 August	325.00	300.00	20.00				A	<b>└ \</b> ,		
29 September	325.00	300.00	20.00		Monthly	Calculation	7			
30 October	325.00	300.00	20.00			A Monthly	B Monthly	C Monthly	<b>D</b> Monthly	E Mont
31 November	325.00	300.00	20.00			premium	premium	contribution	maximum	premi
32 December	205.00	300.00	20.00			amount	amount of	amount	premium	tax
33 Annual Totals	3,900.00	3,600.00	240.00			Form 1096-A lines 21 -	SLCSP Form 1095-A	Line 8B or alternative	assistance	cred
For Privacy Act and Paperwork F	Reduction Act Notice, see separ	ato instructions Out the	703Q Form <b>1095-A</b> (2014)			32, column A	lines 21 - 32, column B	marriage contribution		

6.1 만약 Form 8962 Line 26에 숫자(Credit)가 있다면, 이 숫자가 Form 1040 Line 69에 나타난다.



납세자가 직장 또는 ACA를 1년 내내 전혀 보유하지 않는 경우에는

1. 1040 Line#61에 가서 Full-year coverage Box에 Check Mark하면 안된다

Oth	er Taxes				
57	Self-employment tax	☐ Form 4029	Form 4361	Exempt Notary	0
<b>5</b> 8	Social security \ Medicare tax from	Form 4137	Form 8919	RRTA	0
59	Additional tax on IRAs, other qualified	d retirement plan	is, etc		0
60 a	Household employment taxes. Sched	dule H		_	0
b	First-time homebuyer credit repayme	nt. Form 5405			0
61	Health care: individual responsibility		Full-y	ear coverage	0
62	Taxes from	Form 8959	Form 8960		•

2. TaxWise 1040 Wk#8 에 가서 Jan-Dec에 Check 하면 된다(TaxPayer & Dependents)

	Full	Mkt	Exm	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
SHERYL Employee HESS				•	•	•	<b>ℯ</b>	•	•	•	•	•	•	•	•
Taxpayer is under age 18 at beginning of month															
Spouse is under age 18 at beginning of month							•	<u> </u>	₹	•	<b>●</b>	•	•		
Dependent one is under age 18 at beginning of mon KIAN HESS	th _	_		<b>2</b>	<b>✓</b>	<b>€</b>	<b>✓</b>	<b>€</b>	<b>₹</b>	<b>₹</b>	<b>✓</b>	<b>✓</b>	<b>₹</b>	<b>✓</b>	<b>▼</b>
Dependent two is under age 18 at beginning of mont	th _			<b>✓</b>	<b>✓</b>									•	<b>⊘</b>
Dependent three is under age 18 at beginning of mo	nth														

#### 2. Wk#8에 가족수,수입등을 자동으로 계산한다

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
-	Total number of boxes checked per month,												
	maximum of 5	3	3	3	3	3	3	3	3	3	3	3	3
2	Total number of boxes												
	checked per month for												
	individuals 18 or over	1	1	1	1	1	1	1	1	1	1	1	1
3	One-half the number of												
	boxes checked per month for												
	individuals under 18	1	1	1	1	1	1	1	1	1	1	1	1
4	Add lines 3 and 4 for												
	each month	2	2	2	2	2	2	2	2	2	2	2	2
5	Multiply line 4 by \$95 for each												
	month, maximum of \$285	190	190	190	190	190	190	190	190	190	190	190	190

6 Sum of the number of boxes check	ked on line 1 above for the year.
------------------------------------	-----------------------------------

7 Household income Enter the total modified AGI for all dependents included in this return

8 Filing threshold

9 Subtract line 8 from line 7

10 Multiply line 9 by 1%

**11** Is line 10 more than \$285?

Yes. Multiply line 10 by the number of months for which line 1 is more than zero.

No. Amount calculated based on the flat dollar amount worksheet

**12** Divide line 11 by 12

13 Multiply line 6 by \$204

14 Smaller of line 12 or line 13

100	.00	.00
		36
		49257
0		
		13050
		36207
		362
		4344
		362
		7344
		362

#### [TIPs] 계산 방법은

- 보험에 가입하지 않은 가족수를 카운트한다
  - \*가족수를 최고 5까지만 허용한다. (예를 총가족수가 7 => max 5)
- 18세 이상만 카운드한다
- 18세 미만만 카운트하여 1인당 0.5로 간주 카운드한다
- Total = '2' + '3'
- '4'항에 숫자당 \$95(두당벌금) 곱한 숫자가 계산된다 (Max. \$285초과할수 없다)
- '1'의 Jan-Dec 숫자를 다 더한다
- Form 1040 Line 37(AGI)를 불러 온다
- Filing threshold 를 불러 온다(텍스보고 해야할 최소금액) 8.
- '7'(AGI) '8'(Tax Threshold) = **Taxable Income**
- 10. '9'-Taxable Income x 1% = 벌금 AGI 법
- 11. '10'이 \$285 보다

Yes 크면 '10'-벌금AGI법 x 12개월 (Full) = 총벌금 금역

- 12. '11-년 총 벌금 금액' / 12개월
- 13. '6'-jan-dec 총 숫자 x \$204 = 총부과 예정 벌금 금액
- 14. '12' 와 '13'에서 적은 금액을 벌금으로 부과 한다

			Jan	Feb	Mar	Apr	May	Jun	Jui	Aug	Sep	Oct	NOV	Dec
	1	Total number of boxes checked per month,												
		maximum of 5	3	3	3	3	3	3	3	3	3	3	3	
	2	Total number of boxes												
١		checked per month for												
1		individuals 18 or over	1	1	1	1	1	1	1	1	1	1	1	
	3	One-half the number of												
		boxes checked per month for												
		individuals under 18	1	1	1	1	1	1	1	1	1	1	1	
	4	Add lines 3 and 4 for												
		each month	2	2	2	2	2	2	2	2	2	2	2	
	5	Multiply line 4 by \$95 for each												
		month, maximum of \$285	190	190	190	190	190	190	190	190	190	190	190	19

49257

13050 36207

7344

- 6 Sum of the number of boxes checked on line 1 above for the year 7 Household income Enter the total modified AGI for all dependents included in this return 9 Subtract line 8 from line 7
- 10 Multiply line 9 by 1%
- 11 Is line 10 more than \$285? Yes. Multiply line 10 by the number of months for which line 1 is more than zero. Amount calculated based on the flat dollar amount worksheet
- 12 Divide line 11 by 12
- 13 Multiply line 6 by \$204
- 14 Smaller of line 12 or line 13

3. WK#8 Shared Responsibility Payment Worksheet 에서 Line No#14의 값이 1040 Line# 61 (Health Care: Individual responsibility) 에 자동으로 나타난다.

(벌금=세금)

9 Subtract line 8 from line 7  10 Multiply line 9 by 1%  11 Is line 10 more than \$285?  ☑ Yes. Multiply line 10 by the number of months for which line 1 is more than zero.  ☑ No. Amount calculated based on the flat dollar amount worksheet  12 Divide line 11 by 12  13 Multiply line 6 by \$204  14 Smaller of line 12 or line 13									
Other Taxes  57 Self-employment tax									
61		: individual respo			Full-year o	coverage: 💷	362		
62	Taxes from		F	Form 8959 🔲 Fo	orm 8960 📃		<b>—</b>		
	UT:	0	MSA:	0	72M5:	0			
	EPP:	0	453A (C):	0	S72P:	0			
	ADT:	0	4255:	0	8828:	0			
	IECR:	0	8834:	0	8866:	0	i		
	MEDMSA:	0	8697:	0	8611:	0	i i		
	ECCFR:	0	HSA:	0	NQDC:	0	1		
	453 (I) 3: HDHP:	0	1260 (B): AMVCR:	0	FITPP: Cobra:	0			
	8936:	0	AIVIV CR.	0	Cobia.				
	0930.	Form 8693 attac	hed for Form	8611. Enter date	approved:				
		Write-in:		oo i i. Liitoi date	appioved.	0	0		
63		Add lines 56 thr	ouah 62				362		



### Case#1-1 보험이 1년 내내 가지고 있었다 그러나 수입이 FPL 100-400%(ACA 해당자)

- 1. 다음의 조건이 모두 만족하면
  - 1. ACA(CoveredCA)을 가지고 있다
  - 2. 직장/공무원보험에 해당되지 않는 납세자이다
  - 3. 미국시민권자 영주권자다

납세자가 Premium Tax Credit 대상자이며, Form 8962를 작성/완성해야한다. 또한 Form 1040 Line 61에 Full에 Check mark 해야한다

# **Case#1-1**

# 보험이 1년 내내 가지고 있었다 그러나 수입이 FPL 100-400%(ACA 해당자)

			• • • • • • • • • • • • • • • • • • • •	totals	0	0	0	0	(	0					
US 8962	Premium Tax Credit	2014		totalo											
	RYL HESS	SSN: 051-99-6082		Monthly Calculation											
Check her	e if applying for relief (see instructions)				A Monthly	<b>B</b> Monthly	C Monthly	<b>D</b> Monthly	E Monthly	F Monthly					
Part 1:	Annual and Monthly Contribution Amount				premium	premium	contribution	maximum	premium	advance					
3 House 4 Feder you m and yo The ta	ed AGI total of your dependents' modified AGI hold income al poverty line - check the appropriate box for the state you resided in. If byed during 2014 and you lived in Alaska and / or Hawaii, or if filing jointly us and your spouse lived in different states, check all of the boxes that ap ble that results in the highest income will be used.				amount Form 1095-A lines 21 - 32, column A	amount of SLCSP Form 1095-A lines 21 - 32, column B	amount Line 8B or alternative marriage contribution	premium assistance	tax credit allowed	payment of PTC Form 1095-A lines 21 - 32, column C					
☐ Ala 5 House	ska Hawaii Other 48 states and DC hold income as a percentage of Federal poverty line	0 %	12	January	0	C	0	0	(	0					
6 Is the	result on line 5 less than or equal to 400%? See instructions if result is		13	February	0	C	0	0	(	0					
	an 100%. c. Continue to line 7.		14	March	0	C	0	0	(	0					
☑ No.		nent	15	April	0	0	0	0	(	0					
	of PTC, skip lines 7 and 8 and go to line 9. If you did not receive any		16	May	0		0	0		0					
	e figure from the table in the instructions	0.0000	47	•	0		0								
	ontribution for health care - multiply line 3 by line 7 contribution for health care - divide line 8a by 12	0	17	June											
<b>b</b> Worthly	contribution for health care - divide line oa by 12		18	July	0					0					
	mium Tax Credit Claim and Reconciliation of Advance Payment o	f Premium	19	August	0	0	0	0		0					
Tax	Credit	20	Sept	0		0	0	(	0						
9 Did you s	hare a policy with another taxpayer or get married during the year and	want to use the	21	October	0	C	0	0	(	0					
	e calculation? (see instructions)		22	Nov	0	C	0	0	(	0					
Yes.	Skip to Part 4, Share Policy Allocation, or Part 5, Alternative Calcula	tion for Year	23	Dec	0	0	0	0	(	0					
◯ No.	of Marriage Continue to line 10.														
0 Do all Fo	rms 1095-A for your tax household include coverage for January throu	gh December with	24	Total pren	ium tax credit					0					
	es in monthly amounts shown in lines 21 - 32, columns A and B?	- d t' t t' 0.4				0									
◯ Yes. ◯ No.	Continue to line 11. Compute your annual PTC. Skip lines 12 - 23 at Continue to lines 12 - 23. Compute your monthly PTC and continue		25		ayment of PTC										
	community is a single section of the	10 III 0 E-1.	26	Net premi	ım tax credit					0					
Annual (	Calculation														
	amount premium contribution maximum pre	nnual F Annual advance	Pa	·		•	of the Premium	Tax Credit							
		tax payment of redit PTC	27	Excess ac	vance payment	of PTC				0					
		owed Form 1095-A	28	Repaymer	t limitation					0					
	line 33B	line 33C	29	Excess ad	vance payment	premium tax cr	edit repayment			0					
	line 33C 29 Excess advance payment premium tax credit repayment														



### Case#1-1 보험이 1년 내내 가지고 있었다 그러나 수입이 FPL 100-400%(ACA 해당자)

Taxpayer is not eligible for the Premium Tax Credit. Indicate on the tax return that taxpayer had insurance all year (F1040, line 61). Complete the tax return following normal procedures.

(If advance credit payments were made for the taxpayer or a member of the taxpayer's family, use Form 8962 and instructions to reconcile.)

### Case#2 보험이 1년 내내 없는 경우

1. 1040 Wk#8 Shared Responsibility Payment를 이용해서 Form 8965 작성하며, 계산 값이 Form 1040 Line 61에 나타난다.

8965 Health Coverage Exemptions									OMB No. 1545-0074										
	nt of the Treasury					Form 1040A, or Form 1040EZ. parate instructions is at www.irs.gov/form8965.									Attachment Sequence No. 75				
	shown on return	► Information	n about Form 896	5 and its se	parat	e insti	ructio	ns is a	it ww		ov/fo four so				quence	No. 7	5		
THURSD GO	anomi di retani											ou so							
	olete this forn ur return.	if you have a	Marketplace-g	ranted co	vera	ge ex	emp	tion o	or you	ı are	clain	ning a	a cov	erag	e exe	mpti	on		
Part			Coverage Ex inted by the Ma						you a	and/o	ram	emb	er of	your	tax I	nouse	eholo		
	a Name of Individual					b SSN						c Exemption Certificate Number							
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Part I	Covera	ge Exemption	s for Your Hou	usehold C	laim	ed o	n Yo	ur R	eturr	: '									
7a	Are you claimin	g an exemption I	oecause your hou	sehold inco	me is	belov	w the	filing t	thresh	old?.					Yes		No		
b			mption because												Yes		No		
Part I			s for Individua an exemption							u an	d/or a	a me	mber	of yo	our ta	IX			
		a f Individual	b SSN	c Exemption Type	d Full Year	e Jan	f Feb	g Mar	h Apr	i May	j June	k July	I Aug	m Sept	n Oct	o Nov	p Dec		
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	acy Act and Pa	perwork Reducti	on Act Notice, se	e your tax r	eturn	instru	ction	ş.		Cat	No. 3	7787G			Form	8965	(2014		



- 1. 납세자가 Premium Tax Credit(PTC) 대상자이며, Form 8962 를 사용하여 PTC를 계산하며, 어떤 Advance Credit payment를 정산한다.
- 2. 납세자가 Shared Responsibility Payment 를 정확하게 작성하며, Form 8965에 의거 계산한다.