



SHARE OUR TALENTS & GIVE BACK TO THE COMMUNITY

GOOD HANDS

FOUNDATION

착한손

WWW.GOODHANDSFOUNDATION.ORG

2016 무료세금봉사

Volunteer Income tax assistance

Site Orientation

Jan 23rd (Sat),



Good Hands Foundation



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



What is the minimum essential coverage?

- ☐ **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**



What is the minimum essential 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

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

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.)

[illegible]

13614 Intake/Interview Sheet

페이지 3

각 섹션의 각 질문에 대하여 적절한 칸을 체크하십시오.

예	아니요	불확실	파트 VI 건강 관리 보험- 다음 중 작년도에 귀하 (또는 귀하의 배우자나 부양가족)에게 해당되는 항목은 무엇입니까?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) 건강 관리 보험에 가입하고 있습니까?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (B) 다음 양식 중 하나 이상을 받으셨습니까? (해당 칸을 체크하십시오) <input type="checkbox"/> Form 1095-B <input type="checkbox"/> Form 1095-C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) 해당기관(거래소)을 통해 보험에 가입하였습니까? [Form 1095-A 제시]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3a. (A) '예'일 경우 월 건강 관리 보험료 납부 지원을 위해 해당기관(Marketplace)에서 선급금을 받으셨습니까?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3b. (A) '예'일 경우 귀하의 Form 1095-A에 기입된 모든 사람을 이 세금 보고서에서 청구합니까?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) 해당기관(Marketplace)에서 면제를 적용 받으셨습니까?

건강 보험 옵션과 지원에 관한 자세한 내용은 웹사이트 <http://www.healthcare.gov/>를 참조하거나 전화 1-800-318-2596번으로 문의하십시오.

건강 보험료 지급을 위해 보험료 세액 공제를 선불로 지급 받았을 경우 소득, 결혼 상태 또는 가족 규모 변경 등 변경 사항을 해당기관에 보고해야 합니다. 변경 사항을 보고하면 적절한 금액의 선급금을 확실하게 받을 수 있습니다.

공인 자원봉사 작성자가 기입할 사항 (간행물 4012를 이용하고 보고서에 기입된 모든 사람에 대한 최소 필수 보험보장(Minimum Essential Coverage, MEC) 상태를 나타내는 해당칸을 체크하십시오)

이름(파트 II의 순서대로 부양가족 기입)	1년 전체동안 MEC	MEC 없음	연중 부분 MEC (보장 월 표시)	면제 (면제 적용 월 표시)	1년 전체동안 면제	비고
남세자			J F M A M J J A S O N D	J F M A M J J A S O N D		
배우자			J F M A M J J A S O N D	J F M A M J J A S O N D		
부양가족			J F M A M J J A S O N D	J F M A M J J A S O N D		
부양가족			J F M A M J J A S O N D	J F M A M J J A S O N D		
부양가족			J F M A M J J A S O N D	J F M A M J J A S O N D		
부양가족			J F M A M J J A S O N D	J F M A M J J A S O N D		



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 used by larger companies with 50 or more full-time or full-time 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	Health Insurance Marketplace Statement	<input type="checkbox"/> VOID	OMB No. 1545-2232
Department of the Treasury Internal Revenue Service	► Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a .	<input type="checkbox"/> CORRECTED	2015

Part I Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name	
4 Recipient's name		5 Recipient's SSN	6 Recipient's date of birth
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)	
13 City or town	14 State or province	15 Country and ZIP or foreign postal code	

Part II Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16				
17				
18				



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 SL CSP 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

건강보험을 가지고 있습니까?

네

어떤 종류의 건강보험인가요?

1년 내내 보유하고 계셨나요?

직장보험

MediCal/care

- 벌금 또는 프리미엄
텍스 크레딧과 무관

Covered CA

1095-A 가져 오셨나요?

네

아니요

**Form 8962(Premium Tax Credit)
경우에 따라 8965 (Exemption) 연관**

아니요

벌금 1040 Line #61

TaxWise ACA pg#1 (가족전체)

Save Return

Close Return

Client Letters

Switch To Interview

Forms List

Taxpayer Diary

Help

Log Out

Refund Monitor

ENRIQUE CLAYTON
Current AGI: \$26,539
\$573
Current Balance Due

Loaded Forms
Add Delete

US
Main Info
1040 Wkt2
1040 Wkt3
ACA Pg 1
ACA Pg 2
1040 Pg 1
1040 Pg 2
1040V
Sch A
A Detail
Sch CEZ (TAXPAYER)
1099 MISC (TP-BAY FIT...)
Scratch Pad (BUSINESS E...)
Sch EIC
Sch EIC Wkt
Sch SE TP
W2 (TP-PACE CO...)

US

Affordable Care Act Worksheet

2015

Name: ENRIQUE CLAYTON

SSN: 227-28-4008

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

☐ Yes ☒ No

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

ENRIQUE CLAYTON

☒ 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 part of the year

Check the boxes for each month this person did not have minimum essential coverage and is **NOT** claiming an exemption on Form 8965

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

☐ Had minimum essential coverage and / or is applying for or was granted an exemption for the entire year

TaxWise ACA pg#1 (2 Q's)

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

☐ Yes ☒ No

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

Form 8962 **Premium Tax Credit (PTC)** OMB No. 1545-0074
 Department of the Treasury Internal Revenue Service
 Attach to Form 1040, 1040A, or 1040NR. Information about Form 8962 and its separate instructions is at www.irs.gov/form8962.
 2015 Attachment Sequence No. 73
 Your social security number

You cannot claim the PTC if your filing status is married filing separately unless you are eligible for an exception (see instructions). If you qualify, check the box. ☐

Part I Annual and Monthly Contribution Amount

1 Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d **1**

2a Modified AGI. Enter your modified AGI (see instructions) **2a** **2b** Enter the total of your dependents' modified AGI (see instructions)

3 Household income. Add the amounts on lines 2a and 2b **3**

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 **4**

5 Household income as a percentage of federal poverty line (see instructions) **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 receive PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.

7 Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions **7**

8a Annual contribution amount. Multiply line 3 by line 7 **8a** **8b** Monthly contribution amount. Divide line 8a by 12. Round to whole dollar amount **8b**

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 (see instructions)?
☐ Yes. Skip to Part IV, Shared Policy Allocation, 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 lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (d) or (c))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly contribution)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (d) or (c))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here						24
25 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
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If you elected the alternative calculation for marriage, enter zero. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27.						26

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

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 instructions) **28**

29 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 44. **29**

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 37784Z Form 8962 (p015)

Form 8965 **Health Coverage Exemptions** OMB No. 1545-0074
 Department of the Treasury Internal Revenue Service
 Attach to Form 1040, Form 1040A, or Form 1040EZ. Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.
 2015 Attachment Sequence No. 75
 Your social security number

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II Coverage Exemptions Claimed on Your Return for Your Household

7a Are you claiming an exemption because your household income is below the filing threshold? ☐ Yes ☐ No

b Are you claiming a hardship exemption because your gross income is below the filing threshold? ☐ Yes ☐ No

Part III Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8																
9																
10																
11																
12																
13																

For Privacy Act and Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 37787G Form 8965 (p015)

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 part of the year

Check the boxes for each month
this person did not have minimum
essential coverage and is **NOT**
claiming an exemption on Form 8965

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July
<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December		

Q1: 건강보험을 **한해 동안 빠짐 없이** 가지고 있었나요?

건강보험을 한 해동안 지속적으로 가지고 있다.

또는 빠진 부분이 있지만 면제를 신청 할 수 있다

Q2: 건강보험을 전체가 아닌 **부분적**으로 가지고 있었나요?

YES이면 밑에 있는 1월 부터 12월까지 **Red Color**로 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)

. A red circle highlights the checked box."/>

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-		56
Other Taxes	57 Self-employment tax. Attach Schedule SE	57
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
	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 <input checked="" type="checkbox"/>	61
62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(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

1. Homelessness
2. Eviction in the last 6 months or facing eviction or foreclosure
3. Utility shut-off notice
4. Domestic violence
5. Recent death of a close family member
6. Disaster that resulted in significant property damage
7. Bankruptcy in the last 6 months
8. Significant debt from medical expense in the last 24 months
9. High expense caring for ill, disabled or aging relative
10. Failure of another party to comply with a medical support order for a dependent child who is determined ineligible for Medicaid or CHIP
11. Through an appeals process, determined eligible for a Marketplace QHP, PTC, or CSR but was not enrolled
12. Determined ineligible for Medicaid because the state did not expand coverage
13. 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



1년 내내 직장보험을 가지고 있는 경우

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)

[illegible]

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?

☐ Yes ☒ No

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

☐ Yes ☒ No

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.

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

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

1년 내내 ACA보험을 가지고 있는 경우

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)

[illegible]

Case #2

1년 내내 ACA보험을 가지고 있는 경우

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

Part 1: Annual and Monthly Contribution Amount

1	Family size	3
2a	Modified AGI	51294
b	Enter total of your dependents' modified AGI	0
3	Household income	51294
4	Federal poverty line - check the appropriate box for the state you resided in. If you moved during 2014 and you lived in Alaska and / or Hawaii, or if filing jointly and you and your spouse lived in different states, check all of the boxes that apply. The table that results in the highest income will be used. <input type="checkbox"/> Alaska <input type="checkbox"/> Hawaii <input type="checkbox"/> Other 48 states and DC	0
5	Household income as a percentage of Federal poverty line	0 %
6	Is the result on line 5 less than or equal to 400%? See instructions if result is less than 100%. <input type="checkbox"/> Yes. Continue to line 7. <input checked="" type="checkbox"/> No. You are not eligible to receive the PTC. If you received advance payment of PTC, skip lines 7 and 8 and go to line 9. If you did not receive any advance payment of PTC, stop here. If the percentage on line 5 is less than 100%, did the taxpayer qualify for the PTC under the requirements in the instructions? <input type="radio"/> Yes. <input type="radio"/> No.	0.0000
7	Applicable figure from the table in the instructions	0
8a	Annual contribution for health care - multiply line 3 by line 7	0
b	Monthly contribution for health care - divide line 8a by 12	0

기입하면, 프로그램이
자동으로 “5” –
“8b”까지 자동으로
계산한다

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

Case #2

1년 내내 ACA보험을 가지고 있는 경우

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]

Case #2

1년 내내 ACA보험을 가지고 있는 경우

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 Information				
Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit	
21 January	325.00	300.00	20.00	
22 February	325.00	300.00	20.00	
23 March	325.00	300.00	20.00	
24 April	325.00	300.00	20.00	
25 May	325.00	300.00	20.00	
26 June	325.00	300.00	20.00	
27 July	325.00	300.00	20.00	
28 August	325.00	300.00	20.00	
29 September	325.00	300.00	20.00	
30 October	325.00	300.00	20.00	
31 November	325.00	300.00	20.00	
32 December	325.00	300.00	20.00	
33 Annual Totals	3,900.00	3,600.00	240.00	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 1095-A (2014)

Form 1095-A (2014)

Annual Calculation

	A Premium amount Form 1095-A line 33A	B Annual premium amount of SLCSP Form 1095-A line 33B	C Annual contribution amount Line 8A	D Annual maximum premium assistance	E Annual premium tax credit allowance
11 Annual totals	3900	3600	4324	0	

Monthly Calculation

A Monthly premium amount Form 1095-A lines 21 - 32, column A	B Monthly premium amount of SLCSP Form 1095-A lines 21 - 32, column B	C Monthly contribution amount Line 8B or alternative marriage contribution	D Monthly maximum premium assistance	E Monthly premium tax credit allowance
---	---	--	---	--

Case #2

1년 내내 ACA보험을 가지고 있는 경우

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

15	April	0	0	0	0	0	0
16	May	0	0	0	0	0	0
17	June	0	0	0	0	0	0
18	July	0	0	0	0	0	0
19	August	0	0	0	0	0	0
20	Sept	0	0	0	0	0	0
21	October	0	0	0	0	0	0
22	Nov	0	0	0	0	0	0
23	Dec	0	0	0	0	0	0
24	Total premium tax credit					3600	
25	Advance payment of PTC					0	
26	Net premium tax credit					3600	

Part 3: Repayment of Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC	0
28	Repayment limitation	0
29	Excess advance payment premium tax credit repayment	0

63 Total tax. Add lines 56 through 62 12581

Payments

64	Federal income tax withheld	2622
Enter Federal withholding from 1099s (1099B, etc)		0
65	2014 estimated tax payments and amount applied from 2013 return	0
If estimated tax was paid in joint names and you are now divorced, enter ex-spouse's SSN: and check here <input type="checkbox"/>		
66	Earned income credit	0
b Nontaxable combat pay election <input type="checkbox"/> No: <input checked="" type="checkbox"/>		0
67	Additional child tax credit. Schedule 8812	0
68	American opportunity credit. Form 8863	0
69	Net premium tax credit. Form 8962	3600
70	Amount paid with request for extension of time to file	0
71	Excess social security and tier 1 RRTA tax withheld	0
72	Credit for Federal tax on fuels. Form 4136	0
73	Credits from Form 2439 <input type="checkbox"/> Reserved <input type="checkbox"/> Reserved <input type="checkbox"/>	0
I.R.C. Section 1341 credit		0
From Form 8689		0
74	Total payments. Add lines 64, 65, 66a and 67 through 73	6222

1년 내내 직장/ACA보험이 없는 경우

납세자가 직장 또는 ACA를 1년 내내 전혀 보유하지 않는 경우에는

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

Other Taxes					
57	Self-employment tax	<input type="checkbox"/> Form 4029	<input type="checkbox"/> Form 4361	<input type="checkbox"/> Exempt Notary	0
58	Social security \ Medicare tax from	<input type="checkbox"/> Form 4137	<input type="checkbox"/> Form 8919	<input type="checkbox"/> RRTA	0
59	Additional tax on IRAs, other qualified retirement plans, etc				0
60 a	Household employment taxes. Schedule H				0
b	First-time homebuyer credit repayment. Form 5405				0
61	Health care: individual responsibility			Full-year coverage <input checked="" type="checkbox"/>	0
62	Taxes from	<input type="checkbox"/> Form 8959	<input type="checkbox"/> Form 8960	<input type="checkbox"/>	

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

[illegible]

1년 내내 직장/ACA보험이 없는 경우

	Jan	Feb	Mar	Apr	May	Jun	Jul	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 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 checked on line 1 above for the year												36
7 Household income Enter the total modified AGI for all dependents included in this return												49257
8 Filing threshold												13050
9 Subtract line 8 from line 7												36207
10 Multiply line 9 by 1%												362
11 Is line 10 more than \$285? <input checked="" type="checkbox"/> Yes. Multiply line 10 by the number of months for which line 1 is more than zero. <input type="checkbox"/> No. Amount calculated based on the flat dollar amount worksheet												4344
12 Divide line 11 by 12												362
13 Multiply line 6 by \$204												7344
14 Smaller of line 12 or line 13												362

1년 내내 직장/ACA보험이 없는 경우

*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)
 - '7'(AGI) – '8'(Tax Threshold) = **Taxable Income**
 - '9'-Taxable Income x 1% = **벌금 AGI 법**
 - '10'이 **\$285 보다**

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

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	Jul	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	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 checked on line 1 above for the year	36											
7 Household income	49257											
Enter the total modified AGI for all dependents included in this return	0											
8 Filing threshold	13050											
9 Subtract line 8 from line 7	36207											
10 Multiply line 9 by 1%	362											
11 Is line 10 more than \$285?												
<input checked="" type="checkbox"/> Yes. Multiply line 10 by the number of months for which line 1 is more than zero.	4344											
<input type="checkbox"/> No. Amount calculated based on the flat dollar amount worksheet	362											
12 Divide line 11 by 12	362											
13 Multiply line 6 by \$204	7344											
14 Smaller of line 12 or line 13	362											

Case #3

1년 내내 직장/ACA보험이 없는 경우

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	36207
10	Multiply line 9 by 1%	362
11	Is line 10 more than \$285? <input checked="" type="checkbox"/> Yes. Multiply line 10 by the number of months for which line 1 is more than zero. <input type="checkbox"/> No. Amount calculated based on the flat dollar amount worksheet	4344
12	Divide line 11 by 12	362
13	Multiply line 6 by \$204	7344
14	Smaller of line 12 or line 13	362

Other Taxes			
57	Self-employment tax	<input type="checkbox"/> Form 4029 <input type="checkbox"/> Form 4361 <input type="checkbox"/> Exempt Notary	0
58	Social security \ Medicare tax from	<input type="checkbox"/> Form 4137 <input type="checkbox"/> Form 8919 <input type="checkbox"/> RRTA	0
59	Additional tax on IRAs, other qualified retirement plans, etc		0
60 a	Household employment taxes. Schedule H		0
b	First-time homebuyer credit repayment. Form 5405		0
61	Health care: individual responsibility	Full-year coverage: <input type="checkbox"/>	362
62	Taxes from	<input type="checkbox"/> Form 8959 <input type="checkbox"/> Form 8960	
	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		
	MEDMSA: 0 8697: 0 8611: 0		
	ECCFR: 0 HSA: 0 NQDC: 0		
	453 (I) 3: 0 1260 (B): 0 FITPP: 0		
	HDHP: 0 AMVCR: 0 Cobra: 0		
	8936: 0		
Form 8693 attached for Form 8611. Enter date approved:			
Write-in:			0
63	Total tax. Add lines 56 through 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)

US 8962

Premium Tax Credit

2014

Name: SHERYL HESS

SSN: 051-99-6082

Check here if applying for relief (see instructions)

Part 1: Annual and Monthly Contribution Amount

1	Family size	3
2a	Modified AGI	51294
b	Enter total of your dependents' modified AGI	0
3	Household income	51294
4	Federal poverty line - check the appropriate box for the state you resided in. If you moved during 2014 and you lived in Alaska and / or Hawaii, or if filing jointly and you and your spouse lived in different states, check all of the boxes that apply. The table that results in the highest income will be used.	
	<input type="checkbox"/> Alaska <input type="checkbox"/> Hawaii <input type="checkbox"/> Other 48 states and DC	0
5	Household income as a percentage of Federal poverty line	0 %
6	Is the result on line 5 less than or equal to 400%? See instructions if result is less than 100%.	
	<input type="checkbox"/> Yes. Continue to line 7.	
	<input checked="" type="checkbox"/> No. You are not eligible to receive the PTC. If you received advance payment of PTC, skip lines 7 and 8 and go to line 9. If you did not receive any	
7	Applicable figure from the table in the instructions	0.0000
8a	Annual contribution for health care - multiply line 3 by line 7	0
b	Monthly contribution for health care - divide line 8a by 12	0

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.

Annual Calculation

A	B	C	D	E	F
Premium amount Form 1095-A line 33A	Annual premium amount of SLCSF Form 1095-A line 33B	Annual contribution amount Line 8A	Annual maximum premium assistance	Annual premium tax credit allowed	Annual advance payment of PTC Form 1095-A line 33C

11	Annual totals	0	0	0	0	0	0
----	---------------	---	---	---	---	---	---

Monthly Calculation

	A	B	C	D	E	F
	Monthly premium amount Form 1095-A lines 21 - 32, column A	Monthly premium amount of SLCSF Form 1095-A lines 21 - 32, column B	Monthly contribution amount Line 8B or alternative marriage contribution	Monthly maximum premium assistance	Monthly premium tax credit allowed	Monthly advance payment of PTC Form 1095-A lines 21 - 32, column C
12	January	0	0	0	0	0
13	February	0	0	0	0	0
14	March	0	0	0	0	0
15	April	0	0	0	0	0
16	May	0	0	0	0	0
17	June	0	0	0	0	0
18	July	0	0	0	0	0
19	August	0	0	0	0	0
20	Sept	0	0	0	0	0
21	October	0	0	0	0	0
22	Nov	0	0	0	0	0
23	Dec	0	0	0	0	0
24	Total premium tax credit					0
25	Advance payment of PTC					0
26	Net premium tax credit					0

Part 3: Repayment of Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC	0
28	Repayment limitation	0
29	Excess advance payment premium tax credit repayment	0

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.

Form 8965 **Health Coverage Exemptions** OMB No. 1545-0074
 Department of the Treasury Internal Revenue Service **2014** Attachment Sequence No. 75
 ▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.
 Name as shown on return Your social security number

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I Marketplace-Granted Coverage Exemptions for Individuals: If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	a Name of Individual	b SSN	c Exemption Certificate Number
1			
2			
3			
4			
5			
6			

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? ☐ Yes ☐ No

b Are you claiming a hardship exemption because your gross income is below the filing threshold? ☐ Yes ☐ No

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.

	a Name of Individual	b SSN	c Exemption Type	d Full Year	e Jan	f Feb	g Mar	h Apr	i May	j June	k July	l Aug	m Sept	n Oct	o Nov	p Dec
8																
9																
10																
11																
12																
13																

For Privacy Act and Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 377870 Form **8965** (2014)

Case#3

보험이 1년동안 부분적으로 있는 경우

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.