

Guidelines for Quality Reviewing ACA Issues

Form 13614-C, Intake/Interview Sheet

Is Form 13614-C complete? Every question is answered **Yes** or **No**? **Unsure** responses have been answered **Yes** or **No**?

- All entries on Form 13614-C **MUST BE COMPLETED**. The volunteer **MUST** use due diligence by asking questions and annotating the responses provided by the taxpayer on Form 13614-C. Notes should be added to Form 13614-C to ensure all information needed for an accurate return was obtained and the quality reviewer has all the information needed to ensure accuracy. (Example: name of insurance, verbally provided information, clarifying information, etc.)
- The information provided on Form 13614-C, the tax return, and source documents should all correlate.

Part I

If the taxpayer (and/or spouse) answers *No* to “Are you a US citizen?” ask if the taxpayer was a Resident Alien. (PTC is not allowed if the taxpayer is not here lawfully. An individual not lawfully present may still be eligible for a coverage exemption.)

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)									
1. Your first name		M.I.	Last name		Telephone number		Are you a U.S. citizen?		
2. Your spouse's first name		M.I.	Last name		Telephone number		Is your spouse a U.S. citizen?		
3. Mailing address				Apt #	City		State	ZIP code	
4. Your Date of Birth		5. Your job title		6. Last year, were you:			a. Full-time student		
				b. Totally and permanently disabled			c. Legally blind		
7. Your spouse's Date of Birth		8. Your spouse's job title		9. Last year, was your spouse:			a. Full-time student		
				b. Totally and permanently disabled			c. Legally blind		
10. Can anyone claim you or your spouse on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure									
11. Have you or your spouse: a. Been a victim of identity theft? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Adopted a child? <input type="checkbox"/> Yes <input type="checkbox"/> No									

Part II

If the taxpayer indicates they were married during the year, ensure the tax return is within scope. If the taxpayer **DOES NOT OPT** for the **alternative calculation**, the return is within scope. If the taxpayer opts for the alternative calculation, the return is out of scope.

Part II – Marital Status and Household Information													
1. As of December 31, 2016, were you: <input type="checkbox"/> Unmarried (This includes registered domestic partnerships, civil unions, or other formal relationships under state law) <input type="checkbox"/> Married a. If Yes, Did you get married in 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No													
b. Did you live with your spouse during any part of the last six months of 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No													
<input type="checkbox"/> Divorced Date of final decree _____													
<input type="checkbox"/> Legally Separated Date of separate maintenance agreement _____													
<input type="checkbox"/> Widowed Year of spouse's death _____													
2. List the names below of: <input type="checkbox"/> everyone who lived with you last year (other than your spouse) <input type="checkbox"/> anyone you supported but did not live with you last year													
										If additional space is needed check here <input type="checkbox"/> and list on page 3			
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yyyy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/16 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes/no)	Did this person have less than \$4,050 of income? (yes/no)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/N/A)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)

For Custodial/Non-custodial parents, remember that the tax household does not include someone that can, but is not, claimed as a dependent if the individual:

- Is properly claimed on another taxpayer's return, or
- Can be claimed by another taxpayer with higher priority under the tie-breaker rules.

Part III

Check if any Forms W- 2 shows Code DD in box 12 (indicates health insurance coverage). Ensure the volunteer preparer did not include disability insurance or worker's compensation as MEC.

Check appropriate box for each question in each section														
Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checkings/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV) ←											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, cash)											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2) ←											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Payments from Pensions, Annuities, and/or IRA? (Form 1099-R)											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify _____											

Part IV

If the taxpayer is self-employed, ask the taxpayer if they paid for health insurance as part of the self-employment expenses.

Remember, the self-employed insurance deduction is out of scope.

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? _____ IRA (A) _____ 401K (B) _____ Roth IRA (B) _____ Other _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Medical expenses? (including health insurance premiums)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Home mortgage interest? (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Charitable contributions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Expenses related to self-employment income or any other income you received? 
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Student loan interest? (Form 1098-E)

Part V

Part V does not impact ACA.

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Buy, sell or have a foreclosure of your home? (Form 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Live in an area that was affected by a natural disaster? If yes, where? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?

Part VI

Form 13614-C should indicate health coverage for everyone listed on the return. Health coverage for each individual can be from an employer-sponsored plan, individual health coverage (purchased through an insurance company), government-sponsored, or from another provider.

The volunteer preparer should annotate what kind of health coverage each person had on Form 13614-C. No proof of coverage is required. An oral statement from the taxpayer is acceptable unless due diligence leads you to believe the taxpayer's statement is incorrect.

MEC Documents a taxpayer may have include:	Additional documents and information that may be needed :
Health Insurance Cards	Exemption Certificate Number (ECN) from Marketplace (to claim certain exemptions)
Policy information or statements form their insurer such as the Explanation of Benefits	Dependent Tax Returns (for HHI & MAGI)
Payroll statements or W-2's from employers that reflect health insurance deductions (W-2, Box 12 DD)	Employer Sponsored Insurance Plan
Other statements that indicate coverage (possibly 1095-B & 1095-C)	Other MEC Sponsored Insurance Plans

Be alert for Insurance which is not considered MEC, including coverage that provides limited benefits, including but not limited to:

- Dental/vision insurance
- Accident/disability insurance
- Worker's compensation
- Limited-services Medicaid
- Other insurance sold by third party insurance brokers

MEC from the Marketplace or HealthCare.gov:

The taxpayer must have Form 1095-A.

The tax return cannot be completed without Form 1095-A, because the taxpayer(s) may have PTC even if they did not elect to receive APTC.

Everyone listed on the tax return should be listed in this section of Form 13614-C. The volunteer should have indicated MEC coverage, an exemption or No MEC for each month for the entire year for each individual.

The tax preparer should have completed the gray section indicating if each individual had:

- Full year MEC,
- No MEC,
- Part year MEC,
- Part year exemption, or
- An exemption for the entire year.

Did the volunteer include any clarifying notes?

If an individual has gaps in coverage, consider whether an exemption applies. If there is a month with no coverage or exemption, the return should show the SRP.

Parts VII & VIII

Part VII – Additional Information and Questions Related to the Preparation of Your Return

1. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse

2. If you are due a refund, would you like:
 a. Direct deposit Yes No
 b. To purchase U.S. Savings Bonds Yes No
 c. To split your refund between different accounts Yes No

3. If you have a balance due, would you like to make a payment directly from your bank account? Yes No

4. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)
 Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

5. Other than English, what language is spoken in your home? _____ Prefer not to answer

6. Do you or any member of your household have a disability? Yes No Prefer not to answer

7. Are you or your spouse a Veteran from the U.S. Armed Forces? Yes No Prefer not to answer

Additional comments 

Check appropriate box for each question in each section

Yes	No	Unsure	Part VI - Health Care Coverage - Last year, did you, your spouse, or dependent(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Have health care coverage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (B) Receive one or more of these forms? (Check the box) <input type="checkbox"/> Form 1095-B <input type="checkbox"/> Form 1095-C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Have coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3a. (A) If yes, were advance credit payments made to help you pay your health care premiums?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3b. (A) If yes, Is everyone listed on your Form 1095-A being claimed on this tax return? 
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.)

Name (List dependents in the same order as in Part II)	MEC Entire Year	No MEC	Part Year MEC (mark months with coverage)	Exemption (mark months exemptions applies)	Exemption All Year	Notes
Taxpayer			J F M A M J J A S O N D	J F M A M J J A S O N D		
Spouse			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		



Use notes or annotations provided by the volunteer preparer (and quality reviewer) when reviewing the return. You should be able to determine if ACA was computed correctly based on the source documents and the information provided on Form 13614-C.

Certified Volunteer Preparer's name/initials (optional)	Certified Volunteer Quality Reviewer's name/initials (optional)
Additional Tax Preparer notes 	

Form 1040

Taxpayers who received Advance payments of the Premium Tax Credit (APTC) must file a return to reconcile, even if they do not otherwise have a filing requirement.

If the taxpayer is using the Married Filing Separate (MFS) filing status, check that the taxpayer did not get a premium tax credit unless the individual is a victim of domestic abuse or spousal abandonment and cannot file a joint return because of the abuse or abandonment. If the taxpayers are using the MFS status but are not victims of spousal abuse or abandonment, ensure they were not allowed a Premium Tax Credit and are repaying any advance credit payments made on their behalf, subject to the repayment cap. Remember, generally, if the spouses do not file jointly, each spouse must reconcile one-half of the total advance credit payments made on their behalf.

If a dependent is not claiming their own exemption and they did not have full-year MEC, verify that they did not report an SRP on their return. The person claiming their exemption is responsible for reporting coverage, exemptions, or an SRP on their behalf.

If the taxpayer has insurance through the marketplace, compare the dependents listed on the tax return to everyone listed on any and all Forms 1095-A. The return is out of scope if:

- Someone is listed on a Form 1095-A who is not listed on the tax return
- Someone is listed on the tax return who is on a Form 1095-A with another filer (not on the taxpayer's Form 1095-A) (Shared Policy Allocation)

Income

If a taxpayer who is not required to file an income tax return chooses to file, check that they claimed a coverage exemption using Form 8965. Taxpayers do not need to file a tax return solely to report health care coverage or to claim an exemption.

Form 1040 Department of the Treasury—Internal Revenue Service (99) **2016** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning 2016, ending 20 See separate instructions.

Your first name and initial Last name Your social security number

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name Foreign province/state/county Foreign postal code

Filing Status 1 Single 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 2 Married filing jointly (even if only one had income) 5 Qualifying widow(er) with dependent child 3 Married filing separately. Enter spouse's SSN above and full name here. ▶

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> If child under age 17 (qualifying for child tax credit (see instructions))	Boxes checked on 6a and 6b
				<input type="checkbox"/>	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)
				<input type="checkbox"/>	Dependents on 6c not entered above
				<input type="checkbox"/>	Add numbers on lines above ▶
d Total number of exemptions claimed					

If more than four dependents, see instructions and check here

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7
8a		Taxable interest. Attach Schedule B if required	8a
b		Tax-exempt interest. Do not include on line 8a	8b
9a		Ordinary dividends. Attach Schedule B if required	9a
b		Qualified dividends	9b
10		Taxable refunds, credits, or offsets of state and local income taxes	10
11		Alimony received	11
12		Business income or (loss). Attach Schedule C or C-EZ	12
13		Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13
14		Other gains or (losses). Attach Form 4797	14
15a		IRA distributions	15a
b		Taxable amount	15b
16a		Pensions and annuities	16a
b		Taxable amount	16b
17		Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
18		Farm income or (loss). Attach Schedule F	18
19		Unemployment compensation	19
20a		Social security benefits	20a
b		Taxable amount	20b
21		Other income. List type and amount	21
22		Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22

Adjusted Gross Income

Gross Income below the filing threshold can qualify as a household exemption; it is not only an individual exemption. Note: The household exemption can be **EITHER gross income OR household income** below the filing threshold.

Adjusted Gross Income	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
23		Educator expenses	23												
24		Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24												
25		Health savings account deduction. Attach Form 8889	25												
26		Moving expenses. Attach Form 3903	26												
27		Deductible part of self-employment tax. Attach Schedule SE	27												
28		Self-employed SEP, SIMPLE, and qualified plans	28												
29		Self-employed health insurance deduction	29												
30		Penalty on early withdrawal of savings	30												
31a		Alimony paid b Recipient's SSN ▶	31a												
32		IRA deduction	32												
33		Student loan interest deduction	33												
34		Tuition and fees. Attach Form 8917	34												
35		Domestic production activities deduction. Attach Form 8903	35												
36		Add lines 23 through 35	36												
37		Subtract line 36 from line 22. This is your adjusted gross income ▶	37												

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2016)

Tax and Credits

Advance payment of the Premium Tax Credit (APTC):

If the taxpayer received APTC, they must file a tax return, including Form 8962; make sure the information from Form 8962 carried over to Form 1040, line 46 if the taxpayer had excess APTC, or to line 69 as the PTC.

The PTC can be claimed in advance or on the tax return.

Form 1040 (2016)		Page 2
38	Amount from line 37 (adjusted gross income)	38
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a	
	if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind.	
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>	
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40
41	Subtract line 40 from line 38	41
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44
45	Alternative minimum tax (see instructions). Attach Form 6251	45
46	Excess advance premium tax credit repayment. Attach Form 8962	46
47	Add lines 44, 45, and 46	47
48	Foreign tax credit. Attach Form 1116 if required	48
49	Credit for child and dependent care expenses. Attach Form 2441	49
50	Education credits from Form 8863, line 19	50
51	Retirement savings contributions credit. Attach Form 8880	51
52	Child tax credit. Attach Schedule 8812, if required	52
53	Residential energy credits. Attach Form 5695	53
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54
55	Add lines 48 through 54. These are your total credits	55
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56

Other Taxes

Shared Responsibility Payment (SRP):

Review the tax return to ensure a SRP is reported for the taxpayer; spouse (if MFJ); any dependent; and anyone the taxpayer can, but does not, claim as a dependent if they don't have MEC or a coverage exemption for one or more months during the year. SRP is based on the greater of:

- A percentage of income (2.5%)
- Flat dollar amount (\$695 per adult and \$347.50 per child, limited to \$2,085 for 2016) These figures are halved if the individual without coverage is under 18 as of the beginning of the month

The SRP is capped at the national average premium for a bronze level health plan available through the Marketplace. The taxpayer will owe 1/12th of the annual payment for each month anyone on the return does not have either coverage or a coverage exemption.

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 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

Taxpayers must know their household income and applicable income tax return filing threshold to calculate the SRP amount owed.

The SRP is computed using ACA worksheets (embedded in TaxSlayer) and reported on Form 1040, Line 61. **You will need to see the worksheet from TaxSlayer.** Quality reviewers should also be alert for miscalculations including:

- Adding in dependent MAGI when it was not required (e.g. must have income above the filing threshold)
- Not limiting the SRP calculation to:
 - The National Average Bronze plan limit
 - The correct percentage of income (2.5% for 2016) or
 - The maximum flat dollar amount (3X the adult rate of \$695)
- Returns that are "silent" on the health care coverage reporting means the taxpayer may owe a SRP.
- Dependents who did not claim their own personal exemption should not report an SRP on their return, even if they did not have coverage. The person claiming their exemption is responsible for reporting coverage, exemptions, or an SRP on their behalf.

Form 1095

The Marketplace must provide **Form 1095-A**, by January 31 of the year following the year of coverage showing:

- The individuals who were enrolled;
- The premiums for the plan (or plans) an individual and his or her family members enrolled in (enrollment premiums) ;
- The premium for the second lowest cost silver plan that applies to the enrolled family members who are not eligible for other health coverage; and
- The advance credit payments made for coverage of the eligible individuals.

An individual who does not receive Form 1095-A from a Marketplace should contact the Marketplace or go to their online Marketplace account to obtain any Forms 1095-A.

If the taxpayer does not have Form(s) 1095-A, the volunteer cannot prepare the tax return. A taxpayer must file a tax return, including Form 8962, Part 2 to reconcile any APTC even if the taxpayer otherwise has no obligation to file a tax return.

If the Marketplace issues a corrected Form 1095-A, the volunteer should use this new form when completing the tax return. If the taxpayer has already filed his or her tax return, the volunteer will need to determine the effect the changes on the corrected form might have on the return. Compare the corrected Form 1095-A to the original form to determine whether the taxpayer needs to file an amended return.

The taxpayer may have multiple Forms 1095-A if the taxpayer:

- Changed Marketplace plans during the year
- Updated their applications with new information resulting in a new enrollment
- Had family members enrolled in different Marketplace plans
- Had more than five family members on the same plan

Form 1095-B is issued by insurers, issuers and carriers of insurance and coverage providers of government sponsored insurance to your clients every year. **Form 1095-C** is issued annually by applicable large employers with an average of 50 full-time equivalent employees. Taxpayers with coverage reported on Form 1095-C may also get a Form 1095-B from their insurance provider. Form 1095-B and/or 1095-C should be provided by January 31.

Compare any Forms 1095 to the source documents and tax return to ensure all information is correct – names, SSNs, months of coverage. Note:

Form 1095-A		Health Insurance Marketplace Statement		<input type="checkbox"/> VOID	OMB No. 1545-0048
Department of the Treasury Internal Revenue Service		Do not attach to your tax return. Keep for your records. Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a .		<input type="checkbox"/> CORRECTED	2016
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					
19					
20					
Part III Coverage Information					
Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit		
21 January					
22 February					
23 March					
24 April					
25 May					
26 June					
27 July					
28 August					
29 September					
30 October					
31 November					
32 December					
33 Annual Totals					

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cal. No. 001802 Form **1095-A** (2016)

- Volunteers must have Form 1095-A to reconcile advance payments of PTC with claimed PTC or claim PTC on Form 8962.
- Only taxpayers who receive MEC through the Marketplace are eligible for PTC/APTC. Taxpayers may not realize that they have Marketplace health care coverage; the volunteer may need to ask if the taxpayer – or anyone on their return - received Form 1095-A.

Form 8965, Health Coverage Exemptions

If the taxpayer did not have MEC, ensure the volunteer included eligible coverage exemptions on Form 8965 of the tax return.

Taxpayers do not have to file a tax return solely to claim an exemption. However, if they do file a return, the volunteer should have included Form 8965, *Health Coverage Exemptions* with the tax return. Only one Form 8965 should be filed for the household. It should include applicable exemption claims for all individuals or a household coverage exemption.

Exemptions can be for an individual or for the household and can be granted by the

Marketplace or requested from IRS by claiming it on the tax return. **Household Exemptions** can be requested when the household income or gross income is below the tax filing threshold; this exemption is for the entire household. **Individual Exemptions** are only for the named individual. Note: The taxpayer may already have an exemption. A lifetime Exemption Certificate Number (ECN) previously granted by the Marketplace is still valid.

One of the common errors include the taxpayer not claiming an exemption for which he is eligible. The quality reviewer should ensure the return includes eligible exemptions. Refer to Publication 4012 for the types of exemptions.

Payments

The premium tax credit is calculated on Form 8962 and reported on Form 1040, line 69. Reconciliation of any excess advanced payments of PTC is computed on Form 8962 and reported on Form 1040, line 46.

Form **8965** Health Coverage Exemptions
 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.
 OMB No. 1545-0074
2016
 Attachment Sequence No. 75

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
 7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here.

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																

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2016 estimated tax payments and amount applied from 2015 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	

Premium Tax Credit (PTC): PTC/APTC is allowed only for months in which an individual is **both enrolled in Marketplace coverage and not eligible to enroll in certain non-Marketplace coverage** such as employer coverage, Medicaid, or Medicare.

To get the premium tax credit, the taxpayer must meet all of the following:

- The taxpayer, spouse or a dependent was enrolled in a qualified health plan at the Marketplace for one or more months in which the enrollee was not eligible for other minimum essential coverage through an employer or government plan (to enroll in a Marketplace plan, an individual must be a U.S. citizen or lawfully present and cannot be incarcerated)
- Had household income between 100 and 400 % of the Federal Poverty Line (FPL) based on family size, with some exceptions for individuals under 100%
- If married, did not file as MFS (with some exceptions)
- Cannot be claimed as a dependent, and
- Pay or have someone else pay the premiums by the due date of the tax return for the year of coverage for one or more of those same months.

PTC Exceptions for Households with Income below 100% of the FPL:

- Individuals whose household incomes are estimated by the Marketplace to be 100% or higher and who receive the benefit of advance payments of the premium tax credit but then have household income that falls below 100% of the FPL for the year will still be allowed the premium tax credit as long as they meet the other requirements for getting a credit.
- Individuals below 100% of the FPL who have at least one family member who is an alien lawfully present in the United States but not eligible for Medicaid who enrolls in a qualified health plan through a Marketplace are allowed a credit , as long as they meet the other requirements for getting a credit.

Excess Advance Payments of Premium Tax Credit Repayment Caps:

For single filers, the excess advance credit repayment caps are \$300 (household income below 200 percent of the FPL), \$750 (household income below 300 percent of the FPL), and \$1,250 (household income below 400 percent of the FPL). For all other filers in these ranges, the caps are double the amount for single filers: \$600, \$1,500, and \$2,500. A taxpayer with excess advance credit payments must repay the lesser of the excess or the repayment cap that applies to the taxpayer.

Premium Tax Credit – Volunteer Reminders:

If the taxpayer purchased insurance from the Marketplace:

- The taxpayer **MUST** have Form(s) 1095-A; without it the tax return cannot be completed. The taxpayer may have more than one Form 1095-A.
- Volunteers should always check to see if PTC/APTC applies. Note: Someone may be entitled to PTC even if no APTC was elected when the taxpayer enrolled.

Form 8962, Premium Tax Credit (PTC)

Part I is used to determine:

- **Household Income**, which is based on the **modified adjusted gross income (MAGI)** of the taxpayer and his or her spouse if filing a joint return and the MAGI all dependents with income above the filing requirement threshold. **For PTC, MAGI**

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 .		2016 Attachment Sequence No. 73		
Name shown on your return			Your social security number			
You cannot claim the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box. <input type="checkbox"/>						
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	b Enter the total of your dependents' modified AGI (see instructions)	2b		
3	Household income. Add the amounts on lines 2a and 2b (see instructions)				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 <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input type="checkbox"/> 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%) <input type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> 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.					
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. Round to nearest whole dollar amount	8a	b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b		

includes taxpayer's AGI, Social Security benefits **not** included in AGI, tax-exempt interest, and excluded foreign earned income,

- What the taxpayer's household income is relative to the federal poverty levels,
- The taxpayer's annual and monthly contribution amount (a percentage of household income used to compute the amount of the allowable credit).

Part II is used to compute the amount of the credit, compare it to the advance credit payments, and determine if there is a net premium tax credit or excess advance credit payments.

Line 11 is used to compute the credit and compare it to advance credit payments if the family members enrolled in Marketplace coverage were enrolled **for all 12 months and there are no month-to-month changes** in the information the Marketplace reported on Form 1095-A.

Lines 12-23 are used to compute the credit and compare it to advance credit payments if line 11 cannot be used because **enrollment is less than 12 months or there are month-to-month changes in the amounts** reported on Form 1095-A.

Part III is used to report the amount of excess advance payments of PTC (the amount the total advance payments exceed the actual credit), the statutory "caps" or repayment limitation amounts and then based on a comparison of those two, the actual amount of repayment that will be entered on the taxpayers 1040, Line 46, or 1040A, Line 29 or 1040NR, Line 44 if applicable.

Potential errors include:

- Incorrect SLCSF premiums
- Enrollment information:
 - Policy issuer's name
 - Policy start/end date
 - Enrollment premiums/Premium cost (Part III, Column A)
 - APTC paid (Part III, Column C)
- The taxpayer claiming PTC but not attaching Form 8962 – If the taxpayers claim PTC they must file Form 8962
- Form 1095-A data not correctly reported - on Form 8962, Part 2, Lines 11 or 12-23 (Columns A and B) - Taxpayers did not transcribe information to the Form 8962 accurately
- Transposed numbers
- Miscalculated Monthly PTC Allowed – on Form 8962, Part II, Lines 11 or 12-23 (Column E) Taxpayers did not accurately calculate the annual PTC (Line 11) or the monthly PTC (Line 12)
- Miscalculated excess advance payment of premium tax credit repayment amount– on Form 8962, Part III, Lines 27 – 29. Be mindful of the calculation and the repayment caps.

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)? <input type="checkbox"/> Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. <input type="checkbox"/> No. Continue to line 10.						
10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23. <input type="checkbox"/> Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 <input type="checkbox"/> No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.						
Annual Calculation	(e) 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 maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(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 SLCSF premium (Form (s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(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 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 29; or Form 1040NR, line 44	29	

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 37784Z Form 8962 (2016)

Part IV and V

Parts IV and V are out of scope

Form 8962 (2016) Page 2

Part IV Allocation of Policy Amounts
Complete the following information for up to four shared policy allocations. See instructions for allocation details.

Allocation 1					
30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month	
Allocation percentage applied to monthly amounts		Part V Alternative Calculation for Year of Marriage Complete lines 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 lines 35 and/or 36 and compute the amounts for lines 12-13, see the instructions for this Part V.			
35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

Form 8962 (2016)

Affordability

Insurance is considered unaffordable if the premiums cost more than 8.13% of the household income. For affordability, the **Household income** is the AGI from the individual's tax return plus excludible foreign earned income, tax-exempt interest, and the income of all dependents who are required to file tax returns.

For each member of the tax household, enter the appropriate annualized premium for each month for each member of the household. Use the first option that applies to each member of the tax household for each month:

1. The lowest cost self-only policy offered to each member of the tax household for each month
2. The lowest cost family policy offered by the employer or the spouse's employer (if MFJ)
3. The amount from the Marketplace Coverage Affordability Worksheet

Note:

- a. If the monthly premium is the same the whole year, use the annual premium for each month.
 - b. For part-year coverage, enter the total premiums paid during the part-year period and divide by the number of months for the part-year coverage. Multiply the remainder by 12.0 for the annualized premium.
- Use the Marketplace Coverage Affordability Worksheet **ONLY IF** the taxpayer is not offered employer coverage.
 - A taxpayer who was eligible for Medicaid but didn't enroll is likely to be eligible for the affordability exemption.
 - A taxpayer who was eligible for PTC but didn't enroll is most likely not eligible for the affordability exemption.

Out of scope:

- Shared Policy Allocation:
 - Someone listed on a Form 1095-A who is not listed on the tax return
 - Someone listed on the tax return who is on a Form 1095-A with another filer
- Alternative Calculation for Year of Marriage Eligibility
 - Married in 2016 and box 3a on Form 13614-C is marked Yes
 - TPs married during the year and are filing MFJ and TPs were both unmarried on 12.31.2015 or 2016
 - A member of the TPs tax family was enrolled in a qualified health plan for which APTC was paid for months prior to the first full month of marriage
 - TPs have excess APTC that must be repaid

Note: Taxpayers may choose to file MFJ or MFS without the alternative calculation, which remains in scope. If the taxpayer is eligible for and elects this alternative calculation, the return is out of scope.

- Self-employed health coverage deductions.