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

Premium Tax Credit (PTC)

OMB No. 1545-0074

Attachment Sequence No. **73**

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

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

Your social security number

_		e the PTC if your filing s	tatus is married filing sep	arately unless you qualify	for an exception. See ins	structions. If you qual	lify, che	eck the box
Par	Part I Annual and Monthly Contribution Amount							
1	Tax family s	ize. Enter your tax fa	mily size. See instruct	ions			1	
2a	Modified AC	al. Enter your modifie	ed AGI. See instructior	ns	2 a			
b	Enter the to	tal of your depender	nts' modified AGI. See	instructions	2b			
3	Household i	ncome. Add the amo	ounts on lines 2a and 2	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 \square Alaska b \square Hawaii c \square Other 48 states and DC						4	
5			•			States and DC	5	%
5			ge of federal poverty li				5	<u>%0</u>
6				· · · · · · · · · · ·	· · · · · · ·	· · · · ·		
7					on the table in the instr		7	
8a	line 7. Round t	ution amount. Multiply li to nearest whole dollar a	mount 8a	by 12	hly contribution amour 2. Round to nearest who	le dollar amount	8b	
Par	ill Pren	nium Tax Credit	Claim and Reco	nciliation of Adva	ance Payment of	Premium Tax	Cree	dit
9	Are you allo	cating policy amount	s with another taxpaye	er or do you want to us	e the alternative calcul	ation for year of m	arriag	e? See instructions.
	🗌 Yes. Skip	to Part IV, Allocation of	f Policy Amounts, or Part	V, Alternative Calculation	for Year of Marriage.	No. Continue to	line 1	0.
10			e if you can use line 11	•	Ũ			
		ontinue to line 11. Co tinue to line 24.	ompute your annual P	TC. Then skip lines 12	2–23			es 12–23. Compute d continue to line 24.
	Annual alculation	(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 credit allowed (smaller of (a) or (c	p	(f) Annual advance ayment of PTC (Form(s) 1095-A, line 33C)
11	Annual Totals							
	Monthly are form(s) 1095-A lines 21-32 (Form(s) 1095-A lines 1095-A lines 1095-A lines 21-32 (Form(s) 1095-A lines 1095-A		(e) Monthly premium credit allowed (smaller of (a) or (c	p	(f) Monthly advance ayment 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 premiu	um tax credit. Enter t	he amount from line 1	1(e) or add lines 12(e)	through 23(e) and ente	r the total here	24	
25	Advance pa	yment of PTC. Enter	the amount from line	11(f) or add lines 12(f)	through 23(f) and enter	r the total here	25	
26	on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0 Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27				26			
Part			ss Advance Payn					
27			•	n line 24, subtract line 2	4 from line 25. Enter the	e difference here	27	
28		limitation (see instru	,				28	
29	Excess adv (Form 1040)				27 or line 28 here and		29	
For Pa	aperwork Red	duction Act Notice,	see your tax return ir	nstructions.	Cat. No. 377	84Z		Form 8962 (2023)

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Allocation of Policy Amounts Complete the following information for up to four policy amount allocations. See instructions for allocation details. Allocation 1 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 30 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage applied to monthly Percentage amounts Allocation 2 (d) Allocation stop month (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month 31 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 3 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 32 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 4 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 33 Allocation percentage (g) Advance Payment of the PTC (e) Premium Percentage (f) SLCSP Percentage applied to monthly Percentage amounts 34 Have you completed all policy amount allocations? L Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and nonallocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24.

No. See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a) Alternative family size	(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

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