

ACA Affordability Calculator

(Version 4.35d, 10/20/2018)

Basic Filing Information:

Taxpayer's Name: Susan and Lee Parks

Tax Year: 2018 ▼

☒ 48 states ☐ Alaska ☐ Hawaii

State expanded Medicaid? ☒ Yes ☐ No

Filing Status: MFJ ▼

☐ TP 65 or older in 2018 (B: < 1/2/1954)

☐ SP 65 or older in 2018 (B: < 1/2/1954)

Number of dependents: 2

Filing Threshold: 24000
100% Fed Poverty Line: 24600
138% Fed Poverty Line: 33948
400% Fed Poverty Line: 98400

Household Income Information:

Enter amounts from tax returns only for those dependents who must file other than to obtain a refund of withholding or estimated payments.

Amount	Location	TP & SP	Depend 1	Depend 2	Depend 3	Depend 4	Depend 5
AGI	Form 1040 line 7	57000					
Tax-exempt interest	Form 1040 line 8b						
Social Security Income	Form 1040 line 5a						
Taxable Social Security	Form 1040 line 5b						
Foreign Income	Form 2555 line 45 & 50						
Form 1040 cap gain/loss	Form 1040 line S1-13						
Adjustments to income	Form 1040 line S1-36						
Main Home Sale exclusion	Sched D & Forms 8949						
Schedule D gains	Sched D & Forms 8949						
Business expenses/losses	Sched C, lines 28 + 30						

Gross income test data not needed.
AGI already exceeds filing threshold.

		Total	Comments
Household Income (MAGI)	(for Form 8965)	57000	Used for affordability test
Gross Income		N/A	Used for affordability test
Household Income (MAGI)	(for Form 8962)	57000	Used for PTC/APTC calc (231% of FPL)

Total dependent MAGI

0

Was any family member: a) offered employer coverage, or b) already insured, or c) eligible for government insurance?

- If Yes, CONTINUE to the next test

- If No, **STOP!** Household Income (including untaxed Social Security) is less than 249% of FPL. The family cost will be less than 8.05% of household income affordability threshold. The affordability exemption will not apply.

Affordability Income:

Total premiums paid through salary reduction and excluded from income

Adjusted Annual Income = 57000.00
Affordability threshold at 8.05% = 4588.50

NOTE: This amount is compared with insurance premium costs to determine affordability in the next worksheet.

Affordability Worksheet: (Tests for Code A or Code G for Form 8965 part III)Use ☐ Monthly or ☒ Annualized amounts

Affordability threshold = 4588.50

	Taxpayer	Spouse	Depend 1	Depend 2	Depend 3	Depend 4	Depend 5
Exempt by another code, MEC or GOV?	NO ▼	MEC ▼	NO ▼	NO ▼	▼	▼	▼
1. Lowest cost self-only policy offered by employer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Lowest cost family policy offered by employer	13140.00 <input type="text"/>	13140.00 <input type="text"/>	13140.00	13140.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Amount from Marketplace Coverage Affordability Worksheet line 12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Use exemption code:	Code A	None	Code A	Code A			
<input type="checkbox"/> January	A: 13140.00	MEC	A: 13140.00	A: 13140.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> February	A: 13140.00	MEC	A: 13140.00	A: 13140.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> March	A: 13140.00	MEC	A: 13140.00	A: 13140.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> April	A: 13140.00	MEC	A: 13140.00	A: 13140.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> May	A: 13140.00	MEC	A: 13140.00	A: 13140.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> June	A: 13140.00	MEC	A: 13140.00	A: 13140.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> July	A: 13140.00	MEC	A: 13140.00	A: 13140.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> August	A: 13140.00	MEC	A: 13140.00	A: 13140.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> September	A: 13140.00	MEC	A: 13140.00	A: 13140.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> October	A: 13140.00	MEC	A: 13140.00	A: 13140.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> November	A: 13140.00	MEC	A: 13140.00	A: 13140.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> December	A: 13140.00	MEC	A: 13140.00	A: 13140.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
ANNUALIZED COST FOR PERIOD:	13140.00	N/A	13140.00	13140.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERCENT OF HOUSEHOLD INCOME:	23.05%	N/A	23.05%	23.05%	<input type="text"/>	<input type="text"/>	<input type="text"/>

Marketplace Coverage Affordability Worksheet

1. Monthly lowest cost Bronze plan	<input type="text"/>	Lowest Bronze plan premium amount using 2017's age .
:		
NOTE! No one in the household qualifies for the PTC.		
2. Household income:	57000	Household income without untaxed Social Security
3. Nontaxable Social Security:	0	Includes nontaxed Social Security for all tax family members
4. Add lines 2 + 3:	57000	Household income with untaxed Social Security
5. Fed Poverty Line:	24600	
6. Divide line 4 by line 5:	2.31	
7. Multiply line 6 by 100 and look up: .		Value is from col 2 of the Form 8962 Instructions for line 7.
8. Multiply line 4 by line 7:		TP's annual contribution amount before PTC
9. Divide line 8 by 12:		TP's monthly contribution amount before PTC
10. Monthly second lowest cost Silver plan	<input type="text"/> 0	Second lowest Silver plan premium amount using 2017's age .
:		
11. Subtract line 9 from line 10:	0.00	Maximum PTC amount allowed (but limited by the Bronze plan cost)
12. Subtract line 11 from line 1:	0.00	Cost to the taxpayer after PTC is applied