

ACA Affordability Calculator

(Version 4.35d, 10/20/2018)

Basic Filing Information:

Taxpayer's Name:

Tax Year:

Filing Status:

Number of dependents:

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

☒ 48 states ☐ Alaska ☐ Hawaii

State expanded Medicaid? ☐ Yes ☒ No

Filing Threshold: 24000
100% Fed Poverty Line: 20420
138% Fed Poverty Line: 28180
400% Fed Poverty Line: 81680

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	<input type="text" value="26000"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax-exempt interest	Form 1040 line 8b	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Income	Form 1040 line 5a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taxable Social Security	Form 1040 line 5b	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Income	Form 2555 line 45 & 50	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Form 1040 cap gain/loss	Form 1040 line S1-13	<input type="text"/>	} Gross income test data not needed. AGI already exceeds filing threshold.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adjustments to income	Form 1040 line S1-36	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Main Home Sale exclusion	Sched D & Forms 8949	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Schedule D gains	Sched D & Forms 8949	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business expenses/losses	Sched C, lines 28 + 30	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

		Total	Comments
Household Income (MAGI)	(for Form 8965)	<input type="text" value="26000"/>	Used for affordability test
Gross Income		<input type="text" value="N/A"/>	Used for affordability test
Household Income (MAGI)	(for Form 8962)	<input type="text" value="26000"/>	Used for PTC/APTC calc (127% of FPL)

Total dependent MAGI

STOP! Household Income (including untaxed Social Security) is less than 138% of FPL and is from a state that did not expand Medicaid.
Use exception code G (Resident of a state that did not expand Medicaid) in Form 8965 part III for each person not covered.

Affordability Income:

Total premiums paid through salary reduction and excluded from income

Adjusted Annual Income = 26000.00
Affordability threshold at 8.05% = 2093.00

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 = 174.42

Exempt by another code, MEC or GOV?	Taxpayer NO ▼	Spouse NO ▼	Depend 1 NO ▼	Depend 2 ▼	Depend 3 ▼	Depend 4 ▼	Depend 5 ▼
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>
<input type="checkbox"/> January	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> February	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> March	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> April	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> May	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> June	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> July	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> August	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> September	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> October	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> November	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> December	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ANNUALIZED COST FOR PERIOD:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERCENT OF HOUSEHOLD INCOME:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Marketplace Coverage Affordability Worksheet

1. Monthly lowest cost Bronze plan for TP, SP, D1:	<input type="text"/>	Lowest Bronze plan premium amount using 2017's age for TP, SP, D1.
<p>STOP! Household Income is less than 138% of FPL and is from a state that did not expand Medicaid. <u>Use exception code G (Resident of a state that did not expand Medicaid) for each person not covered.</u></p>		
2. Household income:	26000	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:	26000	Household income with untaxed Social Security
5. Fed Poverty Line:	20420	
6. Divide line 4 by line 5:	1.27	
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"/>	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