

ACA Affordability Calculator

(Version 4.36, 12/14/2018)

Basic Filing Information:

Taxpayer's Name: Edward and Julia Fulton

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: 1

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	33280					
Tax-exempt interest	Form 1040 line 2a						
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)	33280	Used for affordability test
Gross Income		N/A	Used for affordability test
Household Income (MAGI)	(for Form 8962)	33280	Used for PTC/APTC calc (162% 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 = 33280.00
Affordability threshold at 8.05% = 2679.04

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 = 2679.04

	Taxpayer	Spouse	Depend 1	Depend 2	Depend 3	Depend 4	Depend 5
Exempt by another code, MEC or GOV?	NO ▼	NO ▼	MEC ▼	▼	▼	▼	▼
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	2211.6000000	2211.6000000	2211.6000000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Use exemption code:	None	None	None				
<input type="checkbox"/> January	2211.60	2211.60	MEC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> February	2211.60	2211.60	MEC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> March	2211.60	2211.60	MEC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> April	2211.60	2211.60	MEC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> May	2211.60	2211.60	MEC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> June	2211.60	2211.60	MEC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> July	2211.60	2211.60	MEC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> August	2211.60	2211.60	MEC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> September	2211.60	2211.60	MEC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> October	2211.60	2211.60	MEC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> November	2211.60	2211.60	MEC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> December	2211.60	2211.60	MEC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ANNUALIZED COST FOR PERIOD:	2211.60	2211.60	N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERCENT OF HOUSEHOLD INCOME:	6.65%	6.65%	N/A	<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:	553	Lowest Bronze plan premium amount using 2017's age for TP, SP, D1.
2. Household income:	33280	<i>Household income without untaxed Social Security</i>
3. Nontaxable Social Security:	0	<i>Includes nontaxable Social Security for all tax family members</i>
4. Add lines 2 + 3:	33280	<i>Household income with untaxed Social Security</i>
5. Fed Poverty Line:	20420	
6. Divide line 4 by line 5:	1.62	
7. Multiply line 6 by 100 and look up: 162.	0.0459	<i>Value is from col 2 of the Form 8962 Instructions for line 7.</i>
8. Multiply line 4 by line 7:	1527.55	<i>TP's annual contribution amount before PTC</i>
9. Divide line 8 by 12:	127.30	<i>TP's monthly contribution amount before PTC</i>
10. Monthly second lowest cost Silver plan for TP, SP, D1:	496	Second lowest Silver plan premium amount using 2017's age for TP, SP, D1.
11. Subtract line 9 from line 10:	368.70	<i>Maximum PTC amount allowed (but limited by the Bronze plan cost)</i>
12. Subtract line 11 from line 1:	184.30	<i>Cost to the taxpayer after PTC is applied</i>