

Instructions for Form 8962

Premium Tax Credit (PTC)

2024

Volume 1 of 2



Department of the Treasury
Internal Revenue Service

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Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form 8962 and its instructions, such as legislation enacted after they were published, go to [IRS.gov/ Form8962](https://www.irs.gov/Form8962).

Reminders

New employer-coverage affordability rule for family members of employees.

For tax years beginning after December 31, 2022, for purposes of determining eligibility for the PTC, affordability of employer coverage for an employee's spouse or dependents allowed to enroll in the employer coverage is no longer based on the cost of covering only the employee. Affordability of the employer coverage for these family members is now based on the employee's cost for coverage of the employee and these other family members.

Applicable federal poverty line percentages. For tax years 2023 through 2025, taxpayers with household income that exceeds 400% of the federal poverty line for their family size may be allowed a PTC.

Health Coverage Tax Credit (HCTC). The HCTC expired on December 31, 2021. Beginning in tax year 2022, Form 8885 and its instructions have been discontinued by the IRS.

Health reimbursement arrangements (HRAs). Beginning in 2020, employers can offer individual coverage health reimbursement arrangements (individual coverage HRAs) to help employees and their families with their medical expenses. If you are offered an individual coverage HRA, see *Individual coverage HRAs*, later, for more information on whether you can claim a PTC for you or a member of your family for Marketplace coverage.

Qualified small employer health reimbursement arrangement (QSEHRA).

Under a QSEHRA, an eligible employer can reimburse eligible employees for medical expenses, including premiums for Marketplace health insurance. If you were covered under a QSEHRA, your employer should have reported the annual permitted benefit in box 12 of your Form W-2 with code FF. If the QSEHRA is affordable for a month, no PTC is allowed for the month. If the QSEHRA is unaffordable for a month, you must reduce the monthly PTC (but not below -0-) by the monthly permitted benefit amount and you must enter "QSEHRA" in the top margin on page 1 of Form 8962 to explain your entry and avoid delay in the processing of your return. For more information, see *Column (e) under Line 11 or Lines 12 Through 23*, later.

Also see *Qualified Small Employer Health Reimbursement Arrangement* in Pub. 974, Premium Tax Credit, for information on determining QSEHRA affordability; and Notice 2017-67 for additional guidance on QSEHRA coordination with the PTC. Notice 2017-67 is available at [IRS.gov/irb/ 2017-47 IRB#NOT-2017-67](https://www.irs.gov/irb/2017-47_IRB#NOT-2017-67).

Report changes in circumstances when you re-enroll in coverage and during the year. If advance payment of the premium tax credit (APTC) is being paid for an individual in your tax family (described later) and you have had certain changes in circumstances (see the examples later), it is important that you report them to the Marketplace where you enrolled in coverage. Reporting changes in circumstances promptly will allow the Marketplace to adjust your APTC to reflect the PTC you are estimated to be able to take on your tax return.

Adjusting your APTC when you re-enroll in coverage and during the year can help you avoid owing tax when you file your tax return. Changes that you should report to the Marketplace include the following.

- Changes in household income.
- Moving to a different address.
- Gaining or losing eligibility for other health care coverage.
- Gaining, losing, or other changes to employment.
- Birth or adoption.
- Marriage or divorce.
- Other changes affecting the composition of your tax family.

For more information on how to report a change in circumstances to the Marketplace, go to [HealthCare.gov](https://www.healthcare.gov) or your State Marketplace website.

Health insurance options. If you need health coverage, go to [HealthCare.gov](https://www.healthcare.gov) to learn about health insurance options that are available for you and your family, how to purchase health insurance, and how you might qualify to get financial assistance with the cost of insurance.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), go to [IRS.gov/Affordable-Care-Act/Individuals-and-Families](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) or call the IRS Healthcare Hotline for ACA questions at 800-919-0452.

Purpose of Form

Use Form 8962 to figure the amount of your PTC and reconcile it with APTC.

You may take the PTC (and APTC may be paid) only for health insurance coverage in a qualified health plan (defined later) purchased through a Health Insurance Marketplace (Marketplace, also known as an Exchange).

As a result, you should complete Form 8962 **only** for health insurance coverage in a qualified health plan purchased through a Marketplace. This includes a qualified health plan purchased on [HealthCare.gov](https://www.healthcare.gov) or through a State Marketplace.

If you or a member of your family enrolled in health insurance coverage for 2024 through a Marketplace, you should have received Form 1095-A, Health Insurance Marketplace Statement, from the Marketplace. Form 1095-A shows the months of coverage purchased through the Marketplace and any APTC paid to your insurance company to help cover your monthly premium. If APTC was paid on your behalf, or if APTC was not paid on your behalf but you wish to take the PTC, you must file Form 8962 and attach it to your tax return (Form 1040, 1040-SR, or 1040-NR).



At enrollment, the Marketplace may have referred to APTC as your "subsidy" or "tax credit" or "advance payment." The term "APTC" is used throughout these instructions to clearly distinguish APTC from the PTC.

General Instructions

What Is the Premium Tax Credit (PTC)?

Premium tax credit (PTC). The PTC is a tax credit for certain people who enroll, or whose family member enrolls, in a qualified health plan. The credit provides financial assistance to pay the premiums for the qualified health plan offered through a Marketplace by reducing the amount of tax you owe, giving you a refund, or increasing your refund amount. You must file Form 8962 to compute and take the PTC on your tax return.

Advance payment of the premium tax credit (APTC).

APTC is a payment during the year to your insurance provider that pays for part or all of the premiums for a qualified health plan covering you or an individual in your tax family. Your APTC eligibility is based on the Marketplace's estimate of the PTC you will be able to take on your tax return. If APTC was paid for you or an individual in your tax family, you must file Form 8962 to reconcile (compare) this APTC with your PTC. If the APTC is **more** than your PTC, you have excess APTC and you must repay the excess, subject to certain limitations. If the APTC is **less** than the PTC, you can get a credit for the difference, which reduces your tax payment or increases your refund.

Changes in circumstances. The Marketplace determined your eligibility for and the amount of your 2024 APTC using projections of your income and the number of

individuals you certified to the Marketplace would be in your tax family (yourself, your spouse, and your dependents) when you enrolled in a qualified health plan. If this information changed during 2024 and you did not promptly report it to the Marketplace, the amount of APTC paid may be substantially different from the amount of PTC you can take on your tax return. See Report changes in circumstances when you re-enroll in coverage and during the year, earlier, for changes that can affect the amount of your PTC.

Deductions for health insurance

premiums. You cannot deduct the portion of your health insurance premium on your tax return that is paid for by the PTC or APTC (after you determine how much of any excess APTC you must repay). If you are deducting medical expenses as an itemized deduction, see Pub. 502, Medical and Dental Expenses.

If you are claiming the self-employed health insurance deduction, see Pub. 974.

Form 1095-A, Health Insurance

Marketplace Statement. You will need Form 1095-A to complete Form 8962. The Marketplace uses Form 1095-A to report certain information to the IRS about individuals who enrolled in a qualified health plan through the Marketplace. The Marketplace sends copies to individuals to allow them to accurately file a tax return taking the PTC and reconciling APTC. For coverage in 2024, the Marketplace is required to provide or send Form 1095-A to the individual(s) identified in the Marketplace enrollment application by January 31, 2025. If you are expecting to receive Form 1095-A for a qualified health plan and you do not receive it by early February, contact the Marketplace.

Under certain circumstances, for example, where two spouses enroll in a qualified health plan and divorce during the year, the Marketplace will provide Form 1095-A to one taxpayer, but another taxpayer will also need the information from that form to complete Form 8962. The recipient of Form 1095-A should provide a copy to other taxpayers as needed.

VOID box. If you received a Form 1095-A with the VOID box checked at the top of the form, that means you previously received a Form 1095-A for the policy shown in Part I that was sent in error. You should not have received a Form 1095-A for the policy shown in Part I of the Form 1095-A. Do not use the information on the Form 1095-A with the VOID box checked or the previously received Form 1095-A to complete Form 8962.

CORRECTED box. If you receive a Form 1095-A with the CORRECTED box checked at the top of the form, use the information on the Form 1095-A with the CORRECTED box checked to figure the PTC and reconcile any APTC on Form 8962. Do not use the information on the original Form 1095-A you received for the policy shown in Part I of the corrected Form 1095-A.

Additional information. For additional information on the PTC, see Pub. 974. You can also go to [IRS.gov](https://www.irs.gov) and enter “premium tax credit” in the search box.

Also see *How To Avoid Common Mistakes in Completing Form 8962* at the end of these instructions.

Who Must File

You must file Form 8962 with your income tax return (Form 1040, 1040-SR, or 1040-NR) if any of the following apply to you.

- You are taking the PTC.
- APTC was paid for you or another individual in your tax family.
- APTC was paid for an individual you told the Marketplace would be in your tax family and neither you nor anyone else included that individual in a tax family. See Individual you enrolled who is not included in a tax family under *Lines 12 Through 23*, later.

If any of the circumstances above apply to you, you must file an income tax return and attach Form 8962 even if you are not otherwise required to file. You must use Form 1040, 1040-SR, or 1040-NR. For help determining which of these forms to file, see the Instructions for Form 1040 or the Instructions for Form 1040-NR.



If you are filing Form 8962, you cannot file Form 1040-SS.

If someone else enrolled an individual in your tax family in coverage, and APTC was paid for that individual's coverage, you must file Form 8962 to reconcile the APTC. You need to obtain a copy of the Form 1095-A from the person who enrolled the individual.



If you are claimed as a dependent on another person's tax return, the person who claims you will file Form 8962 to take the PTC and, if necessary, repay excess APTC for your coverage. You do not need to file Form 8962.

Who Can Take the PTC

You can take the PTC for 2024 if you meet the conditions under (1), (2), **and** (3) below.

1. For at least 1 month of the year, all of the following were true.
 - a. An individual in your tax family was enrolled in one or more qualified health plans offered

through the Marketplace on the first day of the month.

- b. That individual was not eligible for minimum essential coverage (MEC) for the month, other than coverage in the individual market. An individual is generally considered eligible for MEC for the month only if they were eligible for every day of the month (see Minimum essential coverage, later).
- c. The portion of the enrollment premiums (described later) for the month for which you are responsible was paid by the due date of your tax return (**not** including extensions). However, if you became eligible for APTC because of a successful eligibility appeal and you retroactively enrolled in the plan, then the

portion of the enrollment premium for which you are responsible must be paid on or before the 120th day following the date of the appeals decision.

2. No one can claim you as a dependent for the year.
3. You are an applicable taxpayer for 2024. To be an applicable taxpayer, you must meet the requirements under (a) and (b) below.
 - a. Your household income for 2024 is at least 100% of the federal poverty line for your family size (see Line 4, later). However, having household income below 100% of the federal poverty line will not disqualify you from taking the PTC if you meet certain requirements described under Household income below

100% of the federal poverty line, later.

- b. If you were married at the end of 2024, generally you must file a joint return. However, filing a separate return from your spouse will not disqualify you from being an applicable taxpayer if you meet certain requirements described under Married taxpayers, later.

Unlawfully present in the United States.

You are not entitled to the PTC for health coverage for an individual for any period during which the individual is not lawfully present in the United States.

Individual coverage HRAs. Starting in 2020, employers can offer individual coverage HRAs to help employees and their families with their medical expenses.

Under an individual coverage HRA, employers can reimburse eligible employees for medical expenses, including premiums for Marketplace health insurance.

If you were covered under an individual coverage HRA for 2024, you are not allowed a PTC for your 2024 Marketplace health insurance. Also, if another member of your tax family was covered under an individual coverage HRA for 2024, you are not allowed a PTC for the family member's 2024 Marketplace health insurance. If you or a family member could have been covered by an individual coverage HRA for 2024, but you opted out of receiving reimbursements under the individual coverage HRA, you may be allowed a PTC for your, and your family member's, Marketplace health insurance if the individual coverage HRA is considered unaffordable. See Pub. 974 for guidance on determining whether an individual coverage HRA is affordable.

For additional requirements and more details, see Applicable taxpayer, later.

Terms You May Need To Know

Tax family. For purposes of the PTC, your tax family consists of the following individuals.

- You, if you file a tax return for the year and you can't be claimed as a dependent on someone else's 2024 tax return.
- Your spouse if filing jointly and your spouse can't be claimed as a dependent on someone else's 2024 tax return.
- Your dependents whom you claim on your 2024 tax return. If you are filing Form 1040-NR, you should include your dependents in your tax family only if you are a U.S. national; a resident of Canada, Mexico, or South Korea; or a resident of India who was a student or business apprentice.

Your family size equals the number of qualifying individuals in your tax family (including yourself). See Line 1, later, for more information on figuring your tax family size.

Note. Listing your dependent by name and social security number (SSN) or individual taxpayer identification number (ITIN) on your tax return is the same as claiming them as a dependent. If you have more than four dependents, see the Instructions for Form 1040 or the Instructions for Form 1040-NR.

Household income. For purposes of the PTC, household income is the modified adjusted gross income (modified AGI) of you and your spouse (if filing a joint return) (see Line 2a, later) plus the modified AGI of each individual whom you claim as a dependent and who is required to file an income tax return because their income meets the income tax return filing threshold (see Line 2b, later).

Household income does not include the modified AGI of those individuals whom you claim as dependents and who are filing a 2024 return only to claim a refund of withheld income tax or estimated tax.

Modified AGI. For purposes of the PTC, modified AGI is the AGI on your tax return plus certain income that is not subject to tax (foreign earned income, tax-exempt interest, and the portion of social security benefits that is not taxable). Use Worksheet 1-1 and Worksheet 1-2 to determine your modified AGI.

Taxpayer's tax return including income of a dependent child. A taxpayer who includes the gross income of a dependent child on the taxpayer's tax return must include on Worksheet 1-2 the child's tax-exempt interest and the portion of the child's social security benefits that is not taxable.

Coverage family. Your coverage family includes all individuals in your tax family who are enrolled in a qualified health plan and are not eligible for MEC (other than coverage in the individual market). The individuals included in your coverage family may change from month to month. If an individual in your tax family is not enrolled in a qualified health plan, or is enrolled in a qualified health plan but is eligible for MEC (other than coverage in the individual market), that individual is not part of your coverage family. Your PTC is available to help you pay only for the coverage of the individuals included in your coverage family.

Monthly credit amount. The monthly credit amount is the amount of your tax credit for a month. Your PTC for the year is the sum of all of your monthly credit amounts. Your credit amount for each month is the lesser of:

- The enrollment premiums (described next) for the month for one or more qualified health plans in which you or any individual in your tax family enrolled, or
- The amount of the monthly applicable second lowest cost silver plan (SLCSP) premium (described later) less your monthly contribution amount (described later).

To qualify for a monthly credit amount, at least one individual in your tax family must be enrolled in a qualified health plan on the first day of that month. Generally, if coverage in a qualified health plan began after the first day of the month, you are not allowed a monthly credit amount for the coverage for that month. However, if an individual in your tax family enrolled in a qualified health plan in 2024 and the enrollment was effective on the date of the individual's birth, adoption, or placement for adoption or in foster care,

or on the effective date of a court order placing the individual with your family, the individual is treated as enrolled as of the first day of that month. Therefore, the individual may be a member of your tax family and coverage family for the entire month for purposes of computing your monthly credit amount.

Enrollment premiums. The enrollment premiums are the total amount of the premiums for the month, reduced by any premium amounts for that month that were refunded in 2024, for one or more qualified health plans in which any individual in your tax family enrolled. Form 1095-A, Part III, column A, reports the enrollment premiums.

You are generally not allowed a monthly credit amount for the month if any part of the enrollment premiums for which you are responsible that month has not been paid by the due date of your tax return (not including extensions).

However, if you became eligible for APTC because of a successful eligibility appeal and you retroactively enrolled in the plan, the portion of the enrollment premium for which you are responsible must be paid on or before the 120th day following the date of the appeals decision. Premiums another person pays on your behalf are treated as paid by you.

If your share of the enrollment premiums is not paid, the issuer may terminate coverage. The termination is generally effective no sooner than the second month of nonpayment. For any months you were covered but did not pay your share of the premiums, you are not allowed a monthly credit amount.

Applicable SLCSP premium. The applicable SLCSP premium is the second lowest cost silver plan premium offered through the Marketplace where you reside that applies to your coverage family (described earlier).

The SLCSP premium is not the same as your enrollment premium, unless you enroll in the applicable SLCSP. Form 1095-A, Part III, column B, generally reports the applicable

SLCSP premium. If no APTC was paid for your coverage, Form 1095-A, Part III, column B, may be wrong or blank or may report your applicable SLCSP premium as -0-. Also, if you had a change in circumstances during 2024 that you did not report to the Marketplace, the SLCSP premium reported in Part III, column B, may be wrong. In either case, you must determine your correct applicable SLCSP premium. You **do not** have to request a corrected Form 1095-A from the Marketplace. See Missing or incorrect SLCSP premium on Form 1095-A, later.

Monthly contribution amount. Your monthly contribution amount is used to calculate your monthly credit amount.

It is the amount of your household income you would be responsible for paying as your share of premiums each month if you enrolled in the applicable SLCSP. It is not based on the amount of premiums you paid out of pocket during the year. You will compute your monthly contribution amount in Part I of Form 8962.

Qualified health plan. For purposes of the PTC, a qualified health plan is a health insurance plan or policy purchased through a Marketplace at the bronze, silver, gold, or platinum level. Throughout these instructions, a qualified health plan is also referred to as a “policy.” Catastrophic health plans and stand-alone dental plans purchased through the Marketplace, and all plans purchased through the Small Business Health Options Program (SHOP), are not qualified health plans for purposes of the PTC. Therefore, they do not qualify a taxpayer to take the PTC.

Minimum essential coverage (MEC). An individual in your tax family who is eligible for MEC (except coverage in the individual market) for a month is not in your coverage family for that month. Therefore, you cannot take the PTC for that individual's coverage for the months that individual is eligible for MEC. In addition to qualified health plans and other coverage in the individual market, MEC includes:

- Most coverage through government-sponsored programs (including Medicaid coverage, Medicare Part A or C, the Children's Health Insurance Program (CHIP), certain benefits for veterans and their families, TRICARE, and health coverage for Peace Corps volunteers);
- Most types of employer-sponsored coverage; and
- Other health coverage the Department of Health and Human Services designates as MEC.

Eligibility for MEC. In most cases, you are considered eligible for MEC if the coverage is available to you, whether or not you enroll in it. However, special rules apply to certain types of MEC, as explained below.

Employer-sponsored coverage. Even if you and other members of your tax family had the opportunity to enroll in a plan that is MEC offered by your employer for 2024, you are considered eligible for MEC under the plan for a month only if the offer of coverage met a minimum standard of affordability and provided a minimum level of benefits, referred to as “minimum value.” The coverage offered by your employer is generally considered affordable for you if your share of the annual cost for self-only coverage, which is sometimes referred to as the “employee required contribution,” is not more than 8.39% of your household income.

The coverage offered by your employer is generally considered affordable for the other members of your tax family allowed to enroll in the coverage if your share of the annual cost for coverage for yourself and the other members of your tax family allowed to enroll in the coverage is not more than 8.39% of your household income. If your employer coverage is affordable for you but not affordable for your other family members, you may be able to take the PTC for your other family members if they enroll in a Marketplace qualified health plan. However, employer-sponsored coverage is not considered affordable if, when you or a family member enrolled in a qualified health plan, you gave accurate information about the availability of employer coverage to the Marketplace, and the Marketplace determined that you were eligible for APTC for the individual's coverage in the qualified health plan.

In addition, if you or your family member enrolls in employer-sponsored coverage for a month, you or your family member is considered eligible for employer-sponsored coverage for that month, even if the coverage does not satisfy the affordability and minimum value standards. Finally, if your employer offered coverage for you but not your family, you may be able to take the PTC for your family members. For more information on affordability and minimum value, see Pub. 974.

Your employer may have sent you a Form 1095-C, Employer-Provided Health Insurance Offer and Coverage, with information about the coverage offered to you, if any. See Form 1095-C, line 14, and the *Instructions for Recipient* included with that form, for information about whether you and other members of your tax family were offered coverage.

See Pub. 974 for more information on how to determine whether the coverage you were offered was affordable and provided minimum value, including on how to use Form 1095-C.

Example. Don was eligible to enroll in his employer's coverage for 2024 but instead applied for coverage in a qualified health plan through the Marketplace for coverage in 2024. Don provided accurate information about his employer's coverage to the Marketplace, and the Marketplace determined that the offer of coverage was not affordable and that Don was eligible for APTC. Don enrolled in the qualified health plan for 2024. Don got a new job with employer coverage that Don could have enrolled in as of September 1, 2024, but chose not to. Don did not return to the Marketplace to determine if he was eligible for APTC for the months September through December 2024 and remained enrolled in the qualified health plan.

Don is not considered eligible for employer-sponsored coverage for the months January through August of 2024 because he gave accurate information to the Marketplace about the availability of employer coverage and the Marketplace determined that he was eligible for APTC for coverage in a qualified health plan. The Marketplace determination does not apply, however, for the months September through December of 2024 because Don did not provide information to the Marketplace about his new employer's offer of coverage. Whether Don is considered eligible for employer-sponsored coverage and ineligible for the PTC for the months September through December of 2024 is determined under the eligibility rules described under *Employer-Sponsored Plans* in Pub. 974.

Waiting periods and post-employment coverage. If you cannot get benefits under an employer-sponsored plan until after a waiting period has expired,

you are not treated as eligible for that coverage during the waiting period. Also, if you leave your employment and are offered post-employment coverage such as COBRA or retiree coverage, you are not considered eligible for that post-employment coverage unless you actually enroll in the coverage. See *Coverage after employment ends* under *Employer-Sponsored Plans* in Pub. 974 for more information.

Medicaid and CHIP. You are generally considered eligible for coverage under a government-sponsored program for a month if you met the eligibility criteria for that month, even if you did not enroll. However, if a Marketplace made a determination that you or a family member was ineligible for Medicaid or CHIP and was eligible for APTC when the individual enrolls in a qualified health plan,

the individual is treated as not eligible for Medicaid or CHIP for purposes of the PTC for the duration of the period of coverage under the qualified health plan (generally, the rest of the plan year), even if your actual 2024 income suggests that the individual may have been eligible for Medicaid or CHIP.

However, in order to rely on a Marketplace's determination that you or a family member was ineligible for Medicaid, CHIP, or a similar program, you must provide accurate information to the Marketplace when you enroll in a qualified health plan. You or the family member may be treated as eligible for Medicaid, CHIP, or the similar program, and not eligible for the PTC, if the Marketplace determination is later found to be based on incorrect information that was given with an intentional or reckless disregard for the facts. See Pub. 974 for more information.

For more information about eligibility for Medicaid, CHIP, and other forms of government-sponsored MEC, see Pub. 974.

Example. Married taxpayers Tom and Nicole applied for insurance affordability programs at the Marketplace for themselves and their two children whom they claim as dependents, Kim and Chris. The Marketplace determined that Kim and Chris were eligible for coverage under CHIP. Instead of enrolling Kim and Chris in CHIP, the entire tax family enrolled in a qualified health plan (with APTC paid only for Tom and Nicole's coverage). Because Kim and Chris were eligible for CHIP, which is MEC, Tom and Nicole are not eligible for the PTC for coverage of Kim and Chris, but may be eligible for the PTC for their own coverage.

Coverage in the individual market outside the Marketplace. While coverage purchased in the individual market outside the Marketplace is MEC,

eligibility for this type of coverage does not prevent you from being eligible for the PTC for Marketplace coverage. Coverage purchased in the individual market outside the Marketplace does not qualify for the PTC.

For more details on eligibility for MEC, including additional special eligibility rules, see *Minimum Essential Coverage* in Pub. 974.

Applicable taxpayer. You must be an applicable taxpayer to take the PTC. Generally, you are an applicable taxpayer if your household income for 2024 (described earlier) is at least 100% of the federal poverty line for your family size (provided in Tables 1-1, 1-2, and 1-3) and no one can claim you as a dependent for 2024. In addition, if you were married at the end of 2024, you must file a joint return to be an applicable taxpayer unless you meet one of the exceptions described under Married taxpayers, later.

For individuals with household income below 100% of the federal poverty line, see Household income below 100% of the federal poverty line under *Line 5*, later.

Individuals who are incarcerated.

Individuals who are incarcerated (other than pending disposition of charges, for example, awaiting trial) are not eligible for coverage in a qualified health plan through a Marketplace. However, these individuals may be applicable taxpayers and take the PTC for the coverage of individuals in their tax families who are eligible for coverage in a qualified health plan.

Individuals who are not lawfully present.

Individuals who are not lawfully present in the United States are not eligible for the PTC even if they have coverage in a qualified health plan through a Marketplace. They cannot take the PTC for their own coverage and are not eligible for the repayment limitations in Table 5 for APTC paid for their own coverage.

However, these individuals may be applicable taxpayers and take the PTC for the coverage of individuals in their tax families, such as their children, who are lawfully present and eligible for coverage in a qualified health plan.

If all family members enrolled in a qualified health plan are not lawfully present, complete the following lines as explained below. Leave all other lines blank.

- **Lines 1, 2a, 3, 4, and 5.** Enter -0-.
- **Line 9.** See Line 9, later, to determine whether you must complete Part IV for an allocation of policy amounts. Complete Part IV if instructed to do so by Table 3. Do not complete Part V.
- **Line 11**, column (f) (or lines 12 through 23, column (f), if you complete Part IV). If you checked "No" on line 9, enter the total of your Form(s) 1095-A, Part III, line 33C, in line 11, column (f).

If you checked "Yes" on line 9, complete lines 12 through 23, column (f), as instructed later under Column (f).

- **Line 24.** Enter -0-.
- **Lines 25, 27, and 29.** Enter the amount from line 11, column (f) (or the total of lines 12 through 23, column (f)), on each line. Then, follow the instructions for line 29, later.

For more information about who is treated as lawfully present for this purpose, go to [HealthCare.gov](https://www.healthcare.gov). See *Individuals Not Lawfully Present in the United States Enrolled in a Qualified Health Plan* in Pub. 974 for more information on reconciling APTC when an unlawfully present person is enrolled individually or with lawfully present family members.

Married taxpayers. If you are considered married for federal income tax purposes, you must file a joint return with your spouse to take the PTC unless one of the two exceptions below applies to you.

You are not considered married for federal income tax purposes if you are divorced or legally separated according to your state law under a decree of divorce or separate maintenance. In that case, you cannot file a joint return but may be able to take the PTC on your separate return. See Pub. 501, Dependents, Standard Deduction, and Filing Information.

If you are considered married for federal income tax purposes, you may be eligible to take the PTC without filing a joint return if one of the two exceptions below applies to you. If Exception 1 applies, you can file a return using head of household or single filing status and take the PTC.

If Exception 2 applies, you are treated as married but can take the PTC with the filing status of married filing separately.

Exception 1—Certain married persons living apart. You may file your return as if you are unmarried and take the PTC if one of the following applies to you.

- You file a separate return from your spouse on Form 1040 or 1040-SR because you meet the requirements for *Married persons who live apart* under *Head of Household* in the Instructions for Form 1040.
- You file as single on your Form 1040-NR because you meet the requirements for the exception for married persons who live apart under *Married Filing Separately* in the Instructions for Form 1040-NR.

Exception 2—Victim of domestic abuse or spousal abandonment. If you are a victim of domestic abuse or spousal abandonment, you can file a return as married filing separately and take the PTC for 2024 if all of the following apply to you.

- You are living apart from your spouse at the time you file your 2024 tax return.
- You are unable to file a joint return because you are a victim of domestic abuse (described next) or spousal abandonment (described later).
- You check the box on your Form 8962 to certify that you are a victim of domestic abuse or spousal abandonment.
- You do not meet the 3-year limit for Exception 2, described below.

Domestic abuse. Domestic abuse includes physical, psychological, sexual, or emotional abuse, including efforts to control, isolate, humiliate,

and intimidate, or to undermine the victim's ability to reason independently. All the facts and circumstances are considered in determining whether an individual is abused, including the effects of alcohol or drug abuse by the victim's spouse. Depending on the facts and circumstances, abuse of an individual's child or other family member living in the household may constitute abuse of the individual. If you have concerns about your safety, please consider contacting the confidential 24-hour National Domestic Violence Hotline at 1-800-799-SAFE (7233), or 1-800-787-3224 (TTY), or 1-855-812-1001 (video phone, only for deaf callers). For additional information and resources, see Pub. 3865, Tax Information for Survivors of Domestic Abuse, available at [IRS.gov/Pub3865](https://www.irs.gov/pub3865); and Part V of Form 8857, Request for Innocent Spouse Relief, available at [IRS.gov/Form8857](https://www.irs.gov/Form8857).

Spousal abandonment. A taxpayer is a victim of spousal abandonment for a tax year if, taking into account all facts and circumstances, the taxpayer is unable to locate their spouse after reasonable diligence.

Three-year limit for Exception 2. You cannot claim the PTC using this exception for more than 3 consecutive years. For example, if you used this exception to claim the PTC on your tax returns for 2021, 2022, and 2023, you cannot use this exception to claim the PTC on your 2024 return.

Married filing separately. If you file as married filing separately and are not a victim of domestic abuse or spousal abandonment (see Exception 2 under *Married taxpayers*, earlier), then you are not an applicable taxpayer and you cannot take the PTC. You must generally repay all of the APTC paid for a qualified health plan that covered only individuals in your tax family.

If the policy also covered at least one individual in your spouse's tax family, you must generally repay half of the APTC paid for the policy. See Line 9, later. However, the amount of APTC you have to repay may be limited. See Line 28, later.

Specific Instructions

Name. Print or type your name exactly as you entered it on your tax return. If you are married and filing a joint return, enter the name that appears first on your return.

Social security number (SSN). The SSN on this form should match the SSN on your tax return. If you are married and filing a joint return, enter the first SSN that appears on your tax return.

If you entered an ITIN on your tax return, enter this number on Form 8962.

Victims of domestic abuse or spousal abandonment. Check the box on line A, above Part I of Form 8962, if you are filing as married filing separately, are a victim of domestic abuse or spousal abandonment, and qualify for Exception 2 under *Married taxpayers*, earlier. By checking this box, you are certifying that you qualify for an exception to the requirement to file a joint return with your spouse. Do not attach documentation of the abuse or abandonment to your tax return. Keep any documentation you may have with your tax return records. For examples of what documentation to keep, see Pub. 974. If you have concerns about your safety, please consider contacting the confidential 24-hour National Domestic Violence Hotline at 1-800-799-SAFE (7233), or 1-800-787-3224 (TTY), or 1-855-812-1001 (video phone, only for deaf callers).

For additional information and resources, see Pub. 3865, available at [IRS.gov/Pub3865](https://www.irs.gov/pub3865); and Part V of Form 8857, available at [IRS.gov/Form8857](https://www.irs.gov/Form8857).

Married filing separately. If APTC was paid for your coverage but you cannot take the PTC because you are married filing a separate return and you do not qualify for an exception to the joint filing requirement, complete lines 1 through 5 to figure your separate household income as a percentage of the federal poverty line. Skip lines 7 through 8b and complete lines 9 and 10 (and Part IV, if applicable). When completing line 11 or lines 12 through 23, complete only column (f). Then, complete the rest of the form to determine how much you must repay.

Part I—Annual and Monthly Contribution Amount

Line 1

Enter on line 1 your tax family size.

Determine the number of individuals in your tax family using your tax return. Your tax family generally includes you, your spouse if you are filing a joint return, and your dependents. If you checked the “Someone can claim you as a dependent” box, or if you are filing jointly and you checked the “Someone can claim your spouse as a dependent” box on your tax return, you or your spouse is not included in the tax family size calculation for purposes of Form 8962, line 1.

Note. If an individual in your tax family was enrolled in a policy with an individual in another tax family and you are not taking the PTC, the taxpayer who is claiming the individual not in your tax family may agree to reconcile all APTC paid for the policy. See the instructions for line 9 and Part IV, later, for more information about this rule.

If you and the other taxpayer agree that they will reconcile all APTC paid and you are not taking the PTC, enter -0- on line 1. Then check "**Yes**" on line 9 and follow the instructions under Line 9 and Part IV, later. (Specifically, in the instructions under Part IV, see *Policy amounts allocated 100%* under either Allocation Situation 1 or Allocation Situation 4, later.)

Line 2a

Enter your modified AGI on line 2a. Use the worksheet next to figure your modified AGI using information from your tax return.

Worksheet 1-1. **Taxpayer's Modified AGI—Line 2a**

- | | |
|---|-----------------|
| 1. Enter your AGI* from Form 1040, 1040-SR, or 1040-NR, line 11..... | 1. _____ |
| 2. Enter any tax-exempt interest from Form 1040, | 2. _____ |

1040-SR, or 1040-NR, line
2a.....

3. Enter any amounts from
Form 2555, lines 45 and
50..... **3.** _____

**4. Form 1040 or 1040-SR
filers:** If line 6a is more
than line 6b, subtract line 6b
from line 6a and enter the
result..... **4.** _____

5. Add lines 1 through 4. Enter
here and on Form 8962,
line 2a..... **5.** _____

** If you are filing Form 8814 and the amount
on Form 8814, line 4, is more than \$1,300,
you must enter certain amounts from that
form on Worksheet 1-2. See Form 8814
under Line 2b below.*

Line 2b

Enter on line 2b the combined modified AGI for your dependents who are required to file an income tax return because their income meets the income tax return filing threshold. Use Worksheet 1-2 to figure these dependents' combined modified AGI. Do not include the modified AGI of dependents who are filing a tax return only to claim a refund of tax withheld or estimated tax.

Form 8814. If you are filing Form 8814, Parents' Election To Report Child's Interest and Dividends, and the amount on Form 8814, line 4, is more than \$1,300, you must include on line 1 of Worksheet 1-2 the sum of the tax-exempt interest from Form 8814, line 1b; the lesser of Form 8814, line 4 or line 5; and any nontaxable social security benefits your child received.

Worksheet 1-2. **Dependents' Modified AGI—Line 2a**

- 1.** Enter the AGI* for your dependents from Form 1040, 1040-SR, or 1040-NR, line 11..... **1.** _____
- 2.** Enter any tax-exempt interest for your dependents from Form 1040, 1040-SR, or 1040-NR, line 2a..... **2.** _____
- 3.** Enter any amounts for your dependents from Form 2555, lines 45 and 50..... **3.** _____
- 4. For each dependent filing Form 1040 or 1040-SR:** If line 6a is more than line 6b, subtract line 6b from line 6a and enter the result..... **4.** _____

5. Add lines 1 through 4. Enter here and on Form 8962, line 2b..... **5.** _____

** Only include your dependents who are required to file an income tax return because their income meets the income tax return filing threshold.*

Line 3

Add the amounts on lines 2a and 2b. Combine them even if one or both of them are negative. If the total is less than zero, enter - 0- on line 3.

Line 4

Check the box to indicate your state of residence in 2024. Enter on line 4 the amount from Table 1-1, 1-2, or 1-3 that represents the federal poverty line for your state of residence for the family size you entered on line 1 of Form 8962.

(For 2024, the 2023 federal poverty lines are used for this purpose and are shown below.)
 If you moved during 2024 and you lived in Alaska and/or Hawaii, or you are filing jointly and you and your spouse lived in different states, use the table with the higher dollar amounts for your family size.

Table 1-1. Federal Poverty Line for the 48 Contiguous States and the District of Columbia

IF your Family Size* from Form 8962, line 1, was . . .	THEN enter the amount below on Form 8962, line 4 . . .
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140

6	\$40,280
7	\$45,420
8	\$50,560

** If your family size was more than 8 people, add \$5,140 for each additional person. For example, if your family size is 11, you have 3 additional people. Multiply \$5,140 by 3 and add the result of \$15,420 to \$50,560. Enter the result of \$65,980 on Form 8962, line 4.*

Table 1-2. Federal Poverty Line for Alaska

IF your Family Size* from Form 8962, line 1, was . . .	THEN enter the amount below on Form 8962, line 4 . . .
1	\$18,210
2	\$24,640
3	\$31,070
4	\$37,500

5	\$43,930
6	\$50,360
7	\$56,790
8	\$63,220

** If your family size was more than 8 people, add \$6,430 for each additional person. For example, if your family size is 11, you have 3 additional people. Multiply \$6,430 by 3 and add the result of \$19,290 to \$63,220. Enter the result of \$82,510 on Form 8962, line 4.*

Table 1-3. Federal Poverty Line for Hawaii

IF your Family Size* from Form 8962, line 1, was . . .	THEN enter the amount below on Form 8962, line 4 . . .
1	\$16,770
2	\$22,680
3	\$28,590

4	\$34,500
5	\$40,410
6	\$46,320
7	\$52,230
8	\$58,140

** If your family size was more than 8, add \$5,910 for each additional person. For example, if your family size is 11, you have 3 additional people. Multiply \$5,910 by 3 and add the result of \$17,730 to \$58,140. Enter the result of \$75,870 on Form 8962, line 4.*

Line 5

Figure your household income as a percentage of the federal poverty line using Worksheet 2.

Worksheet 2. **Household Income as a Percentage of the Federal Poverty Line**

- 1.** Enter the amount from line 3 of Form 8962..... **1.** _____
- 2.** Enter the amount from line 4 of Form 8962..... **2.** _____
- 3.** Multiply the amount on line 2 by 4.0... **3.** _____
- 4.** Is the amount on line **1** more than the amount on line **3**?
 - **Yes.** The amount on line **1** above is more than 400% of the federal poverty line. Enter **401** here and on line 5 of Form 8962.
 - **No.** Divide the amount on line 1 above by the amount on line 2 above. **Do not** **4.** _____

round; instead, multiply this number by 100 (to express it as a percentage) and then drop any numbers after the decimal point. For example, for 0.9984, enter the result as 99; for 1.8565, enter the result as 185; and for 3.997, enter the result as 399.* Enter the result here and on line 5 of Form 8962

* If line 4 is below 100, see Household income below 100% of the federal poverty line below.

Household income below 100% of the federal poverty line. If the amount on line 5 is less than 100%, you can take the PTC if you meet the requirements under Estimated household income at least 100% of the federal poverty line next or Alien lawfully present in the United States, later.

Estimated household income at least 100% of the federal poverty line. You may qualify for the PTC if your household income is less than 100% of the federal poverty line and you meet all of the following requirements.

- No one can claim you as a dependent for the year.
- You or an individual in your tax family enrolled in a qualified health plan through a Marketplace.
- The Marketplace estimated at the time of enrollment that your household income would be at least 100% of the federal poverty line for your family size for 2024.
- APTC was paid for the coverage of 1 or more months during 2024.
- You otherwise qualify as an applicable taxpayer (except for the federal poverty line percentage).



You do not meet the requirements under Estimated household income at least 100% of the federal poverty line, earlier, if:

- *No APTC was paid for your or your family's coverage; or*
- *You, with intentional or reckless disregard for the facts, provided incorrect information to a Marketplace for the year of coverage. See Pub. 974 for more information.*

Alien lawfully present in the United States. Certain aliens with household income below 100% of the federal poverty line are not eligible for Medicaid because of their immigration status. You may qualify for the PTC if your household income is less than 100% of the federal poverty line if you meet all of the following requirements.

- No one can claim you as a dependent for the year.

- You or an individual in your tax family enrolled in a qualified health plan through a Marketplace.
- The enrolled individual is lawfully present in the United States **and** is not eligible for Medicaid because of immigration status.
- You otherwise qualify as an applicable taxpayer (except for the federal poverty line percentage).

If you meet all of the requirements under either Estimated household income at least 100% of the federal poverty line or Alien lawfully present in the United States, earlier, continue to line 7.

If your household income is less than 100% of the federal poverty line, and you do not meet the requirements under Estimated household income at least 100% of the federal poverty line or Alien lawfully present in the United States, earlier,

you are not an applicable taxpayer and you are not eligible to take the PTC. If APTC was paid for any individuals in your tax family, skip lines 7 and 8, and go to line 9. However, if no APTC was paid for any individuals in your tax family, stop; do not complete Form 8962.

Line 7

Enter on line 7 the decimal number from Table 2 that applies to the amount you entered on line 5. This number is used to calculate your contribution amount.

Line 8a

Multiply line 3 by line 7 and enter the result on line 8a, rounded to the nearest whole dollar amount.

Line 8b

Divide line 8a by 12.0 and enter the result on line 8b, rounded to the nearest whole dollar amount.

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Table 2. **Applicable Figure**



If the amount on line 5 is 150 or less, your applicable figure is 0.0000. If the amount on line 5 is 400 or more, your applicable figure is 0.0850.

IF Form 8962, line 5, is . . .	ENTER on Form 8962, line 7 . . .	IF Form 8962, line 5, is . . .	ENTER on Form 8962, line 7 . . .	IF Form 8962, line 5, is . . .	ENTER on Form 8962, line 7 . . .	IF Form 8962, line 5, is . . .	ENTER on Form 8962, line 7 . . .	IF Form 8962, line 5, is . . .	ENTER on Form 8962, line 7 . . .
less than 150	0.0000	200	0.0200	251	0.0404	302	0.0605	353	0.0733
150	0.0000	201	0.0204	252	0.0408	303	0.0608	354	0.0735
151	0.0004	202	0.0208	253	0.0412	304	0.0610	355	0.0738
152	0.0008	203	0.0212	254	0.0416	305	0.0613	356	0.0740
153	0.0012	204	0.0216	255	0.0420	306	0.0615	357	0.0743
154	0.0016	205	0.0220	256	0.0424	307	0.0618	358	0.0745
155	0.0020	206	0.0224	257	0.0428	308	0.0620	359	0.0748
156	0.0024	207	0.0228	258	0.0432	309	0.0623	360	0.0750
157	0.0028	208	0.0232	259	0.0436	310	0.0625	361	0.0753
158	0.0032	209	0.0236	260	0.0440	311	0.0628	362	0.0755
159	0.0036	210	0.0240	261	0.0444	312	0.0630	363	0.0758
160	0.0040	211	0.0244	262	0.0448	313	0.0633	364	0.0760
161	0.0044	212	0.0248	263	0.0452	314	0.0635	365	0.0763
162	0.0048	213	0.0252	264	0.0456	315	0.0638	366	0.0765
163	0.0052	214	0.0256	265	0.0460	316	0.0640	367	0.0768
164	0.0056	215	0.0260	266	0.0464	317	0.0643	368	0.0770
165	0.0060	216	0.0264	267	0.0468	318	0.0645	369	0.0773
166	0.0064	217	0.0268	268	0.0472	319	0.0648	370	0.0775
167	0.0068	218	0.0272	269	0.0476	320	0.0650	371	0.0778
168	0.0072	219	0.0276	270	0.0480	321	0.0653	372	0.0780
169	0.0076	220	0.0280	271	0.0484	322	0.0655	373	0.0783
170	0.0080	221	0.0284	272	0.0488	323	0.0658	374	0.0785
171	0.0084	222	0.0288	273	0.0492	324	0.0660	375	0.0788
172	0.0088	223	0.0292	274	0.0496	325	0.0663	376	0.0790
173	0.0092	224	0.0296	275	0.0500	326	0.0665	377	0.0793
174	0.0096	225	0.0300	276	0.0504	327	0.0668	378	0.0795
175	0.0100	226	0.0304	277	0.0508	328	0.0670	379	0.0798
176	0.0104	227	0.0308	278	0.0512	329	0.0673	380	0.0800
177	0.0108	228	0.0312	279	0.0516	330	0.0675	381	0.0803
178	0.0112	229	0.0316	280	0.0520	331	0.0678	382	0.0805
179	0.0116	230	0.0320	281	0.0524	332	0.0680	383	0.0808
180	0.0120	231	0.0324	282	0.0528	333	0.0683	384	0.0810
181	0.0124	232	0.0328	283	0.0532	334	0.0685	385	0.0813
182	0.0128	233	0.0332	284	0.0536	335	0.0688	386	0.0815
183	0.0132	234	0.0336	285	0.0540	336	0.0690	387	0.0818
184	0.0136	235	0.0340	286	0.0544	337	0.0693	388	0.0820
185	0.0140	236	0.0344	287	0.0548	338	0.0695	389	0.0823
186	0.0144	237	0.0348	288	0.0552	339	0.0698	390	0.0825
187	0.0148	238	0.0352	289	0.0556	340	0.0700	391	0.0828
188	0.0152	239	0.0356	290	0.0560	341	0.0703	392	0.0830
189	0.0156	240	0.0360	291	0.0564	342	0.0705	393	0.0833
190	0.0160	241	0.0364	292	0.0568	343	0.0708	394	0.0835
191	0.0164	242	0.0368	293	0.0572	344	0.0710	395	0.0838
192	0.0168	243	0.0372	294	0.0576	345	0.0713	396	0.0840
193	0.0172	244	0.0376	295	0.0580	346	0.0715	397	0.0843
194	0.0176	245	0.0380	296	0.0584	347	0.0718	398	0.0845
195	0.0180	246	0.0384	297	0.0588	348	0.0720	399	0.0848
196	0.0184	247	0.0388	298	0.0592	349	0.0723	400 or more	0.0850
197	0.0188	248	0.0392	299	0.0596	350	0.0725		
198	0.0192	249	0.0396	300	0.0600	351	0.0728		
199	0.0196	250	0.0400	301	0.0603	352	0.0730		

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