

Instructions for Form 8962

Premium Tax Credit (PTC)

2024

Volume 2 of 2



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Part II—Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

Line 9

Before you complete line 10, you must complete Part IV if you are allocating policy amounts (see below) with another taxpayer and complete Part V if you want to use the alternative calculation for year of marriage (see below). Both of these situations may apply to you, so be sure to read the rest of the instructions for line 9.

Allocating policy amounts. You need to allocate policy amounts (enrollment premiums, SLCSP premiums, and/or APTC) on a Form 1095-A between your tax family and another tax family if:

1. The policy covered at least one individual in your tax family and at

least one individual in another tax family; and

2. Either:

- a. You received a Form 1095-A for the policy that does not accurately represent the members of your tax family who were enrolled in the policy (meaning that it either lists someone who is not in your tax family or does not list a member of your tax family who was enrolled in the policy), or
- b. The other tax family received a Form 1095-A for the policy that includes a member of your tax family.

If both (1) and (2) above apply, check **"Yes"**. For each policy to which (1) and (2) above apply,

follow the instructions in Table 3 to determine which allocation rule applies for that qualified health plan.

A qualified health plan may have covered at least one individual in your tax family and one individual not in your tax family if:

- You got divorced during the year,
- You are married but filing a separate return from your spouse,
- You or an individual in your tax family was enrolled in a qualified health plan by someone who is not part of your tax family (for example, your ex-spouse enrolled a child whom you are claiming as a dependent), or
- You or an individual in your tax family enrolled someone not part of your tax family in a qualified health plan (for example, you enrolled a child whom your ex-spouse is claiming as a dependent).

Example. One qualified health plan covers Bret, his spouse Paulette, and their daughter Sophia from January through August, and APTC is paid for the coverage of all three. Bret and Paulette divorce on December 10. Bret files a tax return using head of household filing status and claims Sophia as a dependent. Paulette files a tax return using a filing status of single. Bret and Paulette must allocate the amounts from Form 1095-A for the months of January through December on their tax returns using the instructions in Table 3.

Multiple allocations in the same month.

If a qualified health plan covers individuals in your tax family and individuals in two or more other tax families for 1 or more months, see the rules in Pub. 974 under *Allocation of Policy Amounts Among Three or More Taxpayers*.

Example. One qualified health plan covers Bret, his spouse Paulette, and their daughter Sophia from January through August, and APTC is paid for the coverage of all three. Bret and Paulette divorce on August 26. Bret and Paulette each file a tax return using a filing status of single. Sophia is claimed as a dependent by her grandfather, Mike. Bret, Paulette, and Mike must allocate the amounts from Form 1095-A for the months of January through August on their tax returns using the worksheets and instructions in Pub. 974 because amounts on Form 1095-A must be allocated among three tax families (Bret's, Paulette's, and Mike's).

Multiple allocations in different months.

You may need to allocate policy amounts under a qualified health plan using different rules for different months if you had a change in circumstances. Use Table 3 to determine which allocation rule to use for each month.

Example. Henry enrolled himself, his spouse Cara, and their two dependent children, Heidi and Matt, in a policy for 2024 purchased through a Marketplace. APTC was paid on behalf of each. The couple divorced on June 30. Henry purchased different health insurance for himself through a Marketplace for July through December. Cara also purchased different health insurance through a Marketplace for July through December for herself, Heidi, and Matt. Henry claims Heidi as a dependent on his tax return. Cara claims Matt as a dependent on her tax return. According to Table 3, Henry and Cara will allocate the amounts from the policy for January through June on line 30 using the rules under Allocation Situation 1, later. For the months Henry and Cara were divorced (July through December), they will allocate the amounts from the policy on line 31 using the rules under Allocation Situation 4, later.

Table 3. Allocation of Policy Amounts—Line 9


Follow Steps 1–3 below to determine which allocation rule to use in Part IV , later, to allocate the policy amounts for each qualified health plan identified in the instructions for line 9. For each policy, if your answer directs you to Part IV, skip directly to the section of the Part IV instructions identified. You do not need to complete the remaining steps below.	
STEP 1	
IF: <ul style="list-style-type: none">You divorced or legally separated from a spouse in 2024; andFor 1 or more months of marriage, the policy covered at least one individual in your tax family AND at least one individual in your former spouse's tax family... THEN allocate using the rules in Allocation Situation 1 under Part IV , later. Otherwise, continue to Step 2.	
STEP 2	
IF: <ul style="list-style-type: none">You were married at the end of 2024 but are filing a separate return from your spouse; andThe policy covered at least one individual in your tax family AND at least one individual in your spouse's tax family... THEN allocate using the rules in Allocation Situation 2 under Part IV , later. Otherwise, continue to Step 3.	
<i>* Also follow these instructions if you meet the rules in Exception 1 or Exception 2 under Married taxpayers, earlier, and a policy covered at least one individual in your tax family AND at least one individual in your spouse's tax family.</i>	
STEP 3	
IF: <ul style="list-style-type: none">No APTC was paid for the policy... THEN allocate using the rules in Allocation Situation 3 under Part IV , later. Otherwise, allocate using the rules in Allocation Situation 4 under Part IV , later.	

Table 4. Alternative Calculation for Year of Marriage Eligibility

Answer questions 1–5 below to determine whether you may be eligible to elect the alternative calculation for year of marriage.	
1	Were you and your spouse each unmarried on January 1, 2024? <input type="checkbox"/> Yes. Continue to the next question in this table. <input type="checkbox"/> No. You are not eligible to elect the alternative calculation. Do not complete Part V. If you did not complete Part IV, check “ No ” on line 9 and continue to line 10. If you completed Part IV, check “ No ” on line 10, skip line 11, and continue to Lines 12 Through 23 , later.
2	Were you married on December 31, 2024? <input type="checkbox"/> Yes. Continue to the next question in this table. <input type="checkbox"/> No. You are not eligible to elect the alternative calculation. Do not complete Part V. If you did not complete Part IV, check “ No ” on line 9 and continue to line 10. If you completed Part IV, check “ No ” on line 10, skip line 11, and continue to Lines 12 Through 23 , later.
3	Are you filing a joint return with your spouse for 2024? <input type="checkbox"/> Yes. Continue to the next question in this table. <input type="checkbox"/> No. You are not eligible to elect the alternative calculation. Do not complete Part V. If you did not complete Part IV, check “ No ” on line 9 and continue to line 10. If you completed Part IV, check “ No ” on line 10, skip line 11, and continue to Lines 12 Through 23 , later.
4	Was anyone in your tax family enrolled in a qualified health plan before your first full month of marriage? (For example, if you got married on July 15, your first full month of marriage was August.) <input type="checkbox"/> Yes. Continue to the next question in this table. <input type="checkbox"/> No. You are not eligible to elect the alternative calculation. Do not complete Part V. If you did not complete Part IV, check “ No ” on line 9 and continue to line 10. If you completed Part IV, check “ No ” on line 10, skip line 11, and continue to Lines 12 Through 23 , later.
5	Was APTC paid for anyone in your tax family during 2024? <input type="checkbox"/> Yes. You are eligible to elect the alternative calculation for year of marriage if excess APTC was paid during 2024. Continue to Worksheet 3 to determine whether excess APTC was paid during 2024. Also see <i>Alternative Calculation for Year of Marriage</i> in Pub. 974 to determine if electing the alternative calculation reduces your repayment amount. <input type="checkbox"/> No. You are not eligible to elect the alternative calculation. Do not complete Part V. If you did not complete Part IV, check “ No ” on line 9 and continue to line 10. If you completed Part IV, check “ No ” on line 10, skip line 11, and continue to Lines 12 Through 23 , later.

Worksheet 3. Alternative Calculation for Marriage Eligibility

If you checked "Yes" on line 5 of Table 4, complete this worksheet to determine whether you received excess APTC in 2024.

 If Part IV applies to you, do *not* complete this worksheet until you have completed Part IV.

Monthly Calculation	(a) Form(s) 1095-A, lines 21–32, column A*	(b) Form(s) 1095-A, lines 21–32, column B**	(c) Form 8962, line 8b	(d) Subtract column (c) from column (b)	(e) Smaller of column (a) or column (d)	(f) Form(s) 1095-A, lines 21–32, column C***
1 January						
2 February						
3 March						
4 April						
5 May						
6 June						
7 July						
8 August						
9 September						
10 October						
11 November						
12 December						
13 Totals: Enter the total of column (e), lines 1–12, and the total of column (f), lines 1–12						

14 Is line 13, column (e), less than line 13, column (f)?

☐ **Yes.** Excess APTC was paid in 2024. You are eligible to elect the alternative calculation. See *Alternative Calculation for Year of Marriage* in Pub. 974 to determine if electing the alternative calculation reduces your repayment amount.

☐ **No.** There was no excess APTC paid in 2024. You are not eligible to elect the alternative calculation. Do not complete Part V.

- If you did not complete Part IV, check “**No**” on line 9 and continue to line 10. If you are required to use lines 12 through 23 of Form 8962, enter the amounts from lines 1 through 12 of this worksheet on the lines for the corresponding months and columns on Form 8962.
- If you completed Part IV, check “**No**” on line 10, skip line 11, and enter the amounts from lines 1 through 12 of this worksheet on the lines for the corresponding months and columns of lines 12 through 23 of Form 8962.

* See [Column \(a\)](#) under Lines 12 Through 23, later, for instructions for the amounts to enter on lines 1 through 12, column (a), of this worksheet. These are the amounts of the monthly premiums reported on Form(s) 1095-A, lines 21 through 32, column A.

** See [Column \(b\)](#) under Lines 12 Through 23, later, for instructions for the amounts to enter on lines 1 through 12, column (b), of this worksheet. These are the amounts of the monthly premium for the applicable SLCS reported on Form(s) 1095-A, lines 21 through 32, column B.

*** See [Column \(f\)](#) under Lines 12 Through 23, later, for instructions for the amounts to enter on lines 1 through 12, column (f), of this worksheet. These are the amounts of the monthly APTC reported on Form(s) 1095-A, lines 21 through 32, column C.

Alternative calculation for year of marriage. If you got married during 2024 and APTC was paid for an individual in your tax family, you may want to use the alternative calculation for year of marriage, an optional calculation that may allow you to repay less excess APTC than you would under the general rules. Follow the instructions in Table 4 to determine whether you qualify for the alternative calculation.

If you need to allocate policy amounts and are also using the alternative calculation for year of marriage, follow the instructions in Table 3 and complete Part IV before you follow the instructions for Table 4 and complete Part V.

If you are **not** allocating policy amounts and not using the alternative calculation for year of marriage, check “**No**” and go to line 10.

Line 10

Read the following instructions to determine whether you should check **"Yes"** or **"No"** and then proceed as directed.



*If you were enrolled in a qualified health plan for fewer than 12 months during 2024, check **"No"** and continue to lines 12 through 23.*

Full-year coverage with no changes on Form 1095-A, Part III, column A or B.

Check **"Yes"** and continue to line 11 if **all** of the following apply for each qualified health plan you or a member of your tax family was enrolled in for 2024. Otherwise, check **"No"** and continue to lines 12 through 23.

- You were enrolled in the qualified health plan for all 12 months during 2024.
- Your enrollment premium was the same for every month of 2024. Your enrollment premium is reported in Part III, lines 21 through 32, column A, of Form 1095-A.

- Your SLCSP premium is the same for every month of 2024. Your SLCSP premium is reported in Part III, lines 21 through 32, column B, of Form 1095-A. But see Missing or incorrect SLCSP premium on Form 1095-A next.

Missing or incorrect SLCSP premium on Form 1095-A. Generally, there are two situations where your SLCSP premium may not be accurately reflected on your Form 1095-A. If either of these two situations applies to you, or if you have reason to believe the Marketplace reported the wrong applicable SLCSP premium, you must determine the correct applicable SLCSP premium for every month. If the correct applicable SLCSP premium is not the same for every month of 2024, check **“No”** and continue to lines 12 through 23. The two situations in which your SLCSP may not be accurately reflected on your Form 1095-A are the following.

1. **No APTC was paid for your coverage.** If no APTC was paid for your or your family member's coverage, the SLCSP premium reported in Part III, lines 21 through 32, column B, of Form 1095-A may be wrong, left blank, or reported as -0-. To determine your applicable SLCSP premium for each month, see Pub. 974 or, if you enrolled through the federally facilitated Marketplace, go to [HealthCare.gov/Tax-Tool/](https://www.healthcare.gov/tax-tool/). If your correct applicable SLCSP premium is not the same for all 12 months, check "**No**" and continue to lines 12 through 23.
2. **Change in circumstances affecting SLCSP.** If you had a change in circumstances during 2024 that you did not report to the Marketplace, the SLCSP premium reported in Part III, lines 21 through 32, column B,

of Form 1095-A may be wrong.
Examples of changes in circumstances that may affect your applicable SLCSP premium include the following.

- You enrolled an individual newly added to your tax family during 2024 (for example, a newborn).
- An individual in your tax family was enrolled in your qualified health plan for some but not all of 2024.
- An individual in your coverage family became eligible for or lost eligibility for employer coverage or other MEC during 2024.
- You are including an individual in your tax family for the year of coverage but you did not indicate to the Marketplace at enrollment that you would do so.

- You indicated to the Marketplace at enrollment that you would include an individual in your tax family for the year of coverage but you are not doing so.
- An individual enrolled in the coverage died during 2024.
- You moved during 2024.

If any of the above apply and you did not notify the Marketplace or if you have reason to believe the Marketplace reported the wrong applicable SLCSP premium, determine the correct applicable SLCSP premium for the months affected. See Pub. 974 for information on determining the correct applicable SLCSP premium or, if you enrolled through the federally facilitated Marketplace, go to [HealthCare.gov/Tax-Tool/](https://www.healthcare.gov/tax-tool/). If your correct applicable SLCSP premium is not the same for all 12 months, check **"No"** and continue to lines 12 through 23.

Example 1. Lee receives a Form 1095-A, which reports in column A \$1,000 on lines 21 through 32 for January through December and in column B \$900 on lines 21 through 31 for January through November. However, column B reports \$650 for December on line 32 because an individual included in Lee's coverage family was eligible for MEC (other than coverage in the individual market) for the entire month of December and Lee reported the change to the Marketplace. Lee checks **"No"** on line 10 and completes lines 12 through 23.

Example 2. Mike and Susan enroll together in a qualified health plan through the Marketplace. They do not have a change in circumstances during the year. They receive a Form 1095-A, which reports \$800 for the enrollment premiums in column A on lines 21 through 32 and \$850 for the applicable SLCSP premium in column B on lines 21 through 32 for January through December.

They check **"Yes"** on Form 8962, line 10, and complete line 11 because for each of columns A and B there is an amount for all 12 months and the amounts did not change. **Example 3.** The facts are the same as in Example 2 above, but starting on August 1, Mike is eligible for MEC (other than individual market coverage) and does not notify the Marketplace. Because Mike is eligible for other MEC, their coverage family changed starting in August. As a result, the applicable SLCSP premium reported on Form 1095-A for August through December is incorrect and Mike and Susan must determine the correct applicable SLCSP premium for these months by following the instructions in Pub. 974. Because the SLCSP premium is not the same for every month of the year, Mike and Susan cannot use line 11 and must complete lines 12 through 23 on Form 8962. Mike and Susan check **"No"** on Form 8962, line 10, and complete lines 12 through 23.

They determine that the applicable SLCSP premium for the coverage family of one (Susan) for August through December is \$400 each month. Mike and Susan enter \$850 in Form 8962, lines 12 through 18, column (b); and \$400 in lines 19 through 23, column (b).

Line 11—Annual Totals

Note. If you checked “**Yes**” on line 10 and you are completing line 11, **do not** complete lines 12 through 23. Once you complete line 11, skip to line 24.

If you are using filing status married filing separately and Exception 2, earlier, does not apply to you, skip columns (a) through (e), and complete only column (f).

Column (a). Enter the annual enrollment premiums from Form 1095-A, line 33, column A. If you have more than one Form 1095-A, add the amounts together and enter the total on Form 8962, line 11, column (a).

This amount is the total of your enrollment premiums for the year, including the portion paid by APTC.



If you or a member of your tax family was enrolled in a stand-alone dental plan that provided pediatric benefits, the portion of the dental plan premiums for the pediatric benefits will be included in the amount in column A on the Form 1095-A that reports the coverage in your primary health plan. If your plan covered benefits that are not essential health benefits, such as adult dental or vision benefits, the amount in this column will be reduced by the premiums for the nonessential benefits.

Column (b). Enter the annual applicable SLCSP premium from Form 1095-A, line 33, column B. If you have more than one Form 1095-A, enter the amount as follows.

- If individuals in your coverage family enrolled in more than one policy in the same state, you will receive a Form 1095-A for each policy. The Marketplace should have entered the same SLCSP premium, which applies to all members of your coverage family, on each Form 1095-A. Enter the amount from column B of **only one** Form 1095-A—do not add the amounts from each form. However, if you got married in December of 2024 and you and your spouse, or individuals in your and your spouse's tax family, were enrolled in separate qualified health plans, add the amounts from Form 1095-A, column B, for each plan (or plans) and enter the total. If you got married in a month other than December, your applicable SLCSP premium may not be the same for every month. If it is not the same for every month, you cannot use line 11.

- For individuals enrolled in qualified health plans in different states, add together the amounts from column B of the Forms 1095-A from each state and enter the total on Form 8962, line 11, column (b).

Need to determine applicable SLCSP premium. If, during 2024, your coverage family changed or you moved and you did not notify the Marketplace, or if no APTC was paid, the applicable SLCSP premium reported on your Form(s) 1095-A may be missing or incorrect. See *Missing or incorrect SLCSP premium on Form 1095-A* under *Line 10*, earlier, to determine your correct applicable SLCSP premium to enter in column (b).

Column (c). Enter the amount from line 8a of Form 8962.

Column (d). Subtract the amount in column (c) from the amount in column (b). If the result is zero or less, enter -0-.

Column (e). Enter the lesser of the amount in column (a) or the amount in column (d).

Note. Do not follow this instruction if you were provided a QSEHRA. See *Qualified Small Employer Health Reimbursement Arrangement* in Pub. 974 for instructions on how to figure the amounts to enter in column (e). If the QSEHRA was unaffordable for a month and you had to reduce the monthly PTC (but not below -0-) by the monthly permitted benefit amount, 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.

Column (f). Enter the APTC amount from Form 1095-A, line 33, column C. If you have more than one Form 1095-A, add the amounts together and enter the total on Form 8962, line 11, column (f).

Not an applicable taxpayer. If you are not an applicable taxpayer because you are using filing status married filing separately and

Exception 2, earlier, does not apply to you, you cannot take the PTC. You must repay some or all of the APTC entered on line 11, column (f). To complete the rest of the form, skip lines 12 through 23, enter -0- on line 24, and enter the amount from line 11, column (f), on lines 25 and 27. Then, complete lines 28 (if it applies to you) and 29. Enter the amount from line 29 on your Schedule 2 (Form 1040), line 1a.

Lines 12 Through 23—Monthly Calculation

Note. If you checked “**No**” on line 10 and you are completing lines 12 through 23, **do not** complete line 11.

If you did not elect the alternative calculation for year of marriage **or** you are using filing status married filing separately and Exception 2, earlier, does not apply to you, skip columns (a) through (e), and complete only column (f).

If you or a family member isn't lawfully present in the United States and was enrolled in a qualified health plan, see *Individuals Not Lawfully Present in the United States Enrolled in a Qualified Health Plan* in Pub. 974 for instructions on what amounts to enter in columns (a) and (b).

Column (a). Enter on lines 12 through 23, column (a), the amount of the monthly premiums reported on Form 1095-A, lines 21 through 32, column A, for the corresponding month. If you have more than one Form 1095-A affecting a particular month, add the amounts together for that month and enter the total on the appropriate line on Form 8962, column (a). This amount is the total of your enrollment premiums for the month, including the portion paid by APTC.

You are not allowed a monthly credit amount for any month that the enrollment premiums for the month were not paid by the due date of your return (not including extensions).

If a -0- appears on any of lines 21 through 32, column A, of Form 1095-A, you may not have paid your enrollment premiums for the month by the due date of the premium. If so, and the premiums for the month are not paid by the due date of your return (not including extensions), enter -0- for the month on the appropriate line on Form 8962, column (a). If the enrollment premiums for the month are paid by the due date of your return (not including extensions), enter the enrollment premiums for the month on the appropriate line on Form 8962, column (a), even if your Form 1095-A shows -0- as the enrollment premium for the month.

If you completed Part IV for any Form 1095-A, add the monthly premium amounts allocated to you, if any, using the allocation percentage you entered on Form 8962, lines 30 through 33, column (e), to the monthly premiums for other policies that you did not allocate.

Column (b). Enter on lines 12 through 23, column (b), the amount of the monthly applicable SLCSP premium reported on Form 1095-A, lines 21 through 32, column B, for the corresponding month. If you have more than one Form 1095-A showing coverage in a particular month, use the following rules to determine the amounts to enter on Form 8962, column (b), for that month.

- If individuals in your coverage family enrolled in separate policies in the same state, you will receive a Form 1095-A for each policy. The Marketplace should have entered the same SLCSP premium, which applies to all members of your coverage family for coverage that month, on each Form 1095-A. Enter the amount from column B of **only one** Form 1095-A—do not add the amounts from each form. Enter this amount on Form 8962, lines 12 through 23, column (b).

See Marriage in 2024, later, if you got married during 2024.

- If individuals in your coverage family enrolled in qualified health plans in different states, add together the amounts from column B of Forms 1095-A from each state and enter the total on Form 8962, lines 12 through 23, column (b).
- If you completed Part IV for any Form 1095-A, add the amounts of applicable SLCSP premium allocated to you, if any, using the allocation percentage you entered on Form 8962, lines 30 through 33, column (f), to the applicable SLCSP premium shown on the Form(s) 1095-A that you did not allocate.
- If a -0- appears on Form 1095-A, on any of lines 21 through 32, column A, because your enrollment premiums were not paid, then you are not entitled to a monthly credit amount for that month.

If your enrollment premiums for a month were unpaid, enter -0- on the appropriate line on Form 8962, column (b). However, if your enrollment premiums for the month were paid by the due date of your return, not including extensions, enter your applicable SLCSP premium for the month on the appropriate line on Form 8962, column (b), even if your Form 1095-A shows -0- as the enrollment premium for the month.

Need to determine correct applicable SLCSP premium. If, during 2024, your coverage family changed or you moved and you did not notify the Marketplace, or if no APTC was paid, the applicable SLCSP premium reported on your Form(s) 1095-A may be missing or incorrect. See *Missing or incorrect SLCSP premium on Form 1095-A* under *Line 10*, earlier, to determine your correct applicable SLCSP premium to enter in column (b).

Marriage in 2024. If you got married in 2024, and someone in your tax family who you enrolled in a qualified health plan (including yourself) and someone in your tax family who your spouse enrolled in a QHP (including your spouse) prior to your first month of marriage receives separate Forms 1095-A, add together the amounts from column B of the Forms 1095-A for each month before the first full month of marriage and enter the total. If you completed Part V, use the instructions in Pub. 974 for the entries to make for your pre-marriage months.

Column (c). If you did not complete Part V, enter on lines 12 through 23, column (c), your monthly contribution amount from line 8b. If columns (a) and (b) of any of lines 12 through 23 are blank, leave column (c) of the corresponding line blank.

If you completed Part V, see Pub. 974 for how to complete column (c).

Column (d). Subtract the amount in column (c) from the amount in column (b). If the result is zero or less, enter -0-.

Column (e). Enter for each month the lesser of the amount in column (a) or the amount in column (d) for that month.

Note. Do not follow this instruction if you were provided a QSEHRA. See *Qualified Small Employer Health Reimbursement Arrangement* in Pub. 974 for instructions on how to figure the amounts to enter in column (e). If the QSEHRA was unaffordable for a month and you had to reduce the monthly PTC (but not below -0-) by the monthly permitted benefit amount, 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.

Column (f). Enter on lines 12 through 23, column (f), the amount of the monthly APTC reported on Form 1095-A, lines 21 through 32, column C.

If you have more than one Form 1095-A affecting a particular month, add the amounts together for that month and enter the total on the appropriate line on Form 8962, column (f).

If you completed Part IV for any Form 1095-A, include only the amounts of the monthly APTC allocated to you, if any, using the allocation percentage you entered on Form 8962, lines 30 through 33, column (g), and combine that amount with the amounts of the monthly APTC for other policies that you did not allocate.

Not an applicable taxpayer. If you are not an applicable taxpayer because you are using filing status married filing separately and Exception 2, earlier, does not apply to you, then you must repay all of the total APTC entered on lines 12 through 23, column (f) (unless the alternative calculation for year of marriage rule applies to you and you are able to reduce your repayment amount,

or you are filing married filing separately and a repayment limitation applies). To complete the rest of the form, enter -0- on line 24, and enter the total of lines 12 through 23, column (f), on lines 25 and 27. Then complete lines 28 (if it applies to you) and 29. Enter the amount from line 29 on your Schedule 2 (Form 1040), line 1a.

Example. Melissa and Ryan have been married since 2022 and have no dependents. They were enrolled under the same qualified health plan from January through April 2024. Monthly APTC of \$1,000 was paid for them, for a total of \$4,000. In April, Ryan took a new job and enrolled in his employer's coverage for May through December. Melissa enrolled in single coverage from May through December. Monthly APTC of \$400 was paid for her, for a total of \$3,200. Melissa and Ryan lived apart for most of 2024 and each filed a separate return for 2024.

At the end of the year, Melissa or Ryan will receive a Form 1095-A reporting their coverage for January through April. The recipient of the Form 1095-A should provide a copy to the nonrecipient. Melissa will receive a Form 1095-A reporting her coverage for May through December. Because Melissa and Ryan are married but not filing a joint return and neither Exception 1 nor Exception 2, earlier, applies, neither spouse is allowed a PTC for 2024. According to Table 3, they follow the rules under Allocation Situation 2, earlier, to allocate the APTC for the January through April coverage. (The other policy amounts are not allocated because neither spouse is allowed a PTC.) Under Allocation Situation 2, earlier, 50% of the \$4,000 APTC (\$2,000) is allocated to Melissa and 50% is allocated to Ryan. Melissa must add this amount to her APTC of \$3,200 for her single coverage.

She enters the monthly amounts on lines 12 through 23, column (f) (\$500 for January through April and \$400 for May through

December), and the total of \$5,200 on Form 8962, lines 25 and 27. She then completes lines 28 (if it applies to her) and 29. Melissa enters the amount from line 29 on the applicable line of her tax return.

Ryan enters the monthly amounts allocated to him on Form 8962, lines 12 through 15, column (f) (\$500 for January through April), and the total of \$2,000 on lines 25 and 27. He then completes lines 28 (if it applies to him) and 29. Ryan enters the amount from line 29 on the applicable line of his tax return.

Individual you enrolled who is not included in a tax family. If you indicated to the Marketplace at enrollment that you would claim an individual in your tax family for the year of coverage but the individual is not included in any tax family for the year of coverage,

you must report any APTC paid for that individual's coverage. Follow the rules under Column (f), earlier, to report this APTC.

Line 24

Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total.

Line 25

Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total.

Line 26

If line 24 is greater than line 25, subtract line 25 from line 24 and enter the result on line 26. This result is the amount of your PTC that is more than the APTC paid, your net PTC. This amount will reduce the amount of tax you must pay with your tax return or increase your refund. Also enter the amount from line 26 on Schedule 3 (Form 1040), line 9. Skip lines 27 through 29.

If line 24 is equal to line 25, enter -0- on line 26 and skip lines 27 through 29.

If you elected the alternative calculation for year of marriage, and line 24 is greater than line 25, enter -0- on line 26 and skip lines 27 through 29.

If line 25 is greater than line 24, leave line 26 blank and go to Part III.

Part III—Repayment of Excess Advance Payment of the Premium Tax Credit

Complete this part to figure the amount of excess APTC you must repay.

Line 27

If line 25 is greater than line 24, subtract line 24 from line 25 and enter the result.

Line 28

The excess APTC you must repay may be limited to the amounts in Table 5.

Enter the appropriate amount from Table 5 on line 28. If you were married at the end of 2024 but are filing separately from your spouse, the repayment limitations shown in Table 5 apply to you and your spouse separately based on the household income reported on each return.

If your entry on Form 8962, line 5, is 400 or more, there is no repayment limitation. You must repay the amount shown on line 27. Leave line 28 blank and enter the amount from line 27 on line 29.

If you are self-employed and are claiming the self-employed health insurance deduction, see *Self-Employed Health Insurance Deduction and PTC* in Pub. 974 for the amount to enter on line 28.

If APTC was paid for the coverage in a qualified health plan of an individual who was not lawfully present, the repayment limitation does not apply to APTC paid for individuals who are not lawfully present.

See Individuals Not Lawfully Present in the United States Enrolled in a Qualified Health Plan in Pub. 974 for more information. Pub. 974 provides a calculation necessary to figure the repayment limitation if an individual not lawfully present is enrolled with one or more family members who are lawfully present for 1 or more months of the year.

Table 5. Repayment Limitation

IF the amount on Form 8962, line 5, is . . .	THEN enter on line 28 .	
	for a filing status of Single—	for any other filing status—
Less than 200 . . .	\$375	\$750
At least 200 but less than 300 . . .	\$950	\$1,900

At least 300 but less than 400 . . .	\$1,575	\$3,150
400 or more . . .	leave line 28 blank	

Line 29

Enter the smaller of line 27 or line 28. If line 28 is blank, enter the amount from line 27 on line 29. Also enter the amount from Form 8962, line 29, on Schedule 2 (Form 1040), line 1a.

Part IV—Allocation of Policy Amounts

See Line 1 and Line 9, earlier, to determine whether you need to complete Part IV. If you complete Part IV, check “**No**” on line 10.

Specific Allocation Situations

Allocation Situation 1—Taxpayers divorced or legally separated in 2024.

You and your former spouse must allocate policy amounts on your separate returns to

figure your PTC and reconcile it with your APTC if both of the following apply.

- You and your former spouse were married to each other at some point during 2024 but were no longer married to each other at the end of 2024.
- For 1 or more months of marriage, you and your former spouse were enrolled in the same qualified health plan, or you or an individual in your tax family (as shown on your tax return) was enrolled in the same policy as your former spouse or as an individual in your former spouse's tax family.

You will allocate between you and your former spouse the total enrollment premiums, the applicable SLCSP premium, and APTC for coverage under the plan during the months you were married. You will find these amounts on your Form(s) 1095-A, Part III, columns A, B, and C, respectively.

You and your former spouse may agree to allocate any percentage (from 0% to 100%) of these amounts to one of you (with the remainder allocated to the other), but you must allocate all three amounts using the same percentage. If you do not agree on a percentage, you and your former spouse must allocate 50% of each of these amounts to you and 50% of each to your former spouse.

Policy amounts allocated 100%. If 100% of policy amounts are allocated to you, check “**Yes**” on line 9 and complete Part IV by entering 100 in the appropriate box(es) for your allocation percentage. If 0% of the policy amounts are allocated to you, complete Part IV by entering -0- in the appropriate box(es) for your allocation percentage.

Example 1. Keith and Stephanie are married at the beginning of 2024 and have three children, Ben, Grace, and Max.

In January, Keith enrolls Ben, Grace, and Max in a qualified health plan beginning in January. Keith and Stephanie divorce in July. The children become eligible for and enroll in government-sponsored health coverage and disenroll from the qualified health plan, effective August 1. According to Table 3, Keith and Stephanie follow the rules under Allocation Situation 1, earlier.

Keith claims Ben and Grace as dependents and Stephanie claims Max as a dependent for 2024. Keith and Stephanie agree to allocate the policy amounts 33% to Stephanie and 67% to Keith. Therefore, 33% of the enrollment premium, the applicable SLCSP premiums, and APTC are allocated to Stephanie and 67% of these amounts are allocated to Keith. The allocation is only for the months Keith and Stephanie were married.

On her Form 8962, Part IV, line 30, Stephanie enters Keith's SSN in column (b) and enters "0.33" in columns (e), (f), and (g). On his Form 8962, Part IV, line 30, Keith enters Stephanie's SSN in column (b) and enters "0.67" in columns (e), (f), and (g). Stephanie and Keith both enter "01" in column (c) and "07" in column (d).

Example 2. The facts are the same as in *Example 1*, except that Keith and Stephanie cannot agree on an allocation percentage. Therefore, 50% of the enrollment premiums, the applicable SLCSP premium, and APTC are allocated to each taxpayer. On their Forms 8962, Part IV, line 30, Keith and Stephanie each enter "0.50" in columns (e), (f), and (g).

Allocation Situation 2—Taxpayers married at year end but filing separate returns. You and your spouse must equally allocate (50% to each spouse) certain policy amounts if **all** of the following conditions are met.

- You were married at the end of 2024.
- You are filing a separate return from your spouse.
- You or an individual in your tax family was enrolled in the same policy as your spouse or an individual in your spouse's tax family at any time during 2024.

Married individuals who file separate returns are generally not eligible to take the PTC. However, you may be able to take the PTC if you meet either of the following conditions.

- You file a return as single or head of household (see Exception 1 under *Married taxpayers*, earlier).
- You file a return as married filing separately due to domestic abuse or spousal abandonment (see Exception 2 under *Married taxpayers*, earlier).

If Exception 1 or Exception 2 applies, follow the rules in the next paragraph. If neither exception applies, see Married filing separately (not in Exception 2—Victim of domestic abuse or spousal abandonment), later.

Exception 1—Certain married persons living apart or Exception 2—Victim of domestic abuse or spousal abandonment.

Enter “0.50” in columns (e) and (g) of the appropriate line in Part IV to allocate the enrollment premium and APTC. Leave column (f) blank because you do not allocate the applicable SLCSP premium. Instead, enter the SLCSP premium that applies to your coverage family on lines 12 through 23. See Example 1 and Example 2, later.



If you enrolled in coverage in the Marketplace with your spouse, or with another individual who is not in your tax family, your coverage family and applicable SLCSP premium may be different

from the coverage family and applicable SLCSP premium the Marketplace used to determine the amount of your APTC. In that case, you must use a different applicable SLCSP premium to calculate your credit than the amount reported on Form 1095-A, Part III, column B. See Pub. 974 for information on determining the correct applicable SLCSP premium or, if you enrolled through the federally facilitated Marketplace, go to [HealthCare.gov/Tax-Tool/](https://www.healthcare.gov/tax-tool/).

Married filing separately (not in Exception 2—Victim of domestic abuse or spousal abandonment). Enter “0.50” in column (g) of the appropriate line in Part IV to allocate the APTC. Leave columns (e) and (f) blank. You must repay the APTC allocated to you subject to the limit on line 28 because you are not an applicable taxpayer. See Example 3 and Example 4, later.

Example 1. John and Carol are married at the end of 2024 and have one child, Mark. John and Carol enrolled in a qualified health plan for 2024. The plan covered John, Carol, and Mark, with an annual premium of \$14,000 and APTC of \$8,500, which applied to the coverage for all of the individuals. John moved out of the residence on May 15. Carol and Mark continued to reside at the residence. John and Carol file separate returns for 2024. Carol qualifies to file her return as head of household. John files his return as married filing separately. Carol claims Mark as her dependent. Because Carol and John are not filing a joint return, they each have their own tax families, which are different from the tax family they indicated to the Marketplace they expected to have when they enrolled. Carol's family size is two because John is not in her tax family. Carol's federal poverty line percentage is determined using only her and Mark's modified AGI.

John's modified AGI is not included because he is not in Carol's tax family. According to Table 3, John and Carol follow the rules under Allocation Situation 2, earlier.

Because John is not in Carol's tax family, he is not in her coverage family, which consists of Carol and her dependent, Mark, for purposes of determining her applicable SLCSP premium. If neither John nor Carol notifies the Marketplace about the change in family circumstances, the Form 1095-A that Carol or John receives will report in column B the applicable SLCSP premium that covers Carol, Mark, and John, which will be incorrect. Carol looks up the SLCSP premium that applies to her and Mark.

Carol takes into account \$7,000 ($\$14,000 \times 0.50$) of the premiums of the plan in which she and Mark were enrolled in figuring her PTC. Carol must then reconcile \$4,250 ($\$8,500 \times 0.50$) of the APTC for her coverage.

Amounts from this policy are allocated for all months Carol and John were enrolled. On her Form 8962, Part IV, line 30, Carol enters John's SSN in column (b) and enters "0.50" in columns (e) and (g). Column (f) is left blank. Instead of allocating the applicable SLCSP premium, Carol will enter the applicable SLCSP premium that applies to her and Mark.

Because John is filing his tax return as married filing separately and no exception to the married filing jointly requirement applies, he is not an applicable taxpayer and must repay the \$4,250 in APTC allocated to him, subject to the repayment limitations on line 28. On his Form 8962, Part IV, line 30, John enters Carol's SSN in column (b) and enters "0.50" in column (g). John leaves columns (e) and (f) blank because he is not an applicable taxpayer and cannot take the PTC.

Example 2. Kevin and Nancy are married at the end of 2024 and have no dependents. Kevin and Nancy are enrolled in a qualified health plan for 2024 with an annual premium of \$10,000 and APTC of \$6,500. According to Table 3, Kevin and Nancy follow the rules under Allocation Situation 2, earlier. Nancy is a victim of domestic abuse and is unable to file a joint return under the rules outlined in Exception 2 under *Married taxpayers*, earlier. Nancy files her return using the filing status married filing separately and checks the box on the front of Form 8962.

Nancy's family size for 2024 is one (Nancy). Nancy is the only person in her coverage family. If neither Kevin nor Nancy notifies the Marketplace about the change in family circumstances, the Form 1095-A that Kevin or Nancy receives will report in column B the premium for the applicable SLCSF that covers Nancy and Kevin, which will be incorrect.

Nancy must determine the correct premium for the applicable SLCSP covering only Nancy. Nancy looks up her correct premium for the applicable SLCSP.

Nancy's federal poverty line percentage is determined using Nancy's modified AGI and her family size of one. Nancy takes into account \$5,000 ($\$10,000 \times 0.50$) of the enrollment premiums in figuring her PTC. Nancy must reconcile \$3,250 ($\$6,500 \times 0.50$) of the APTC for her coverage. On her Form 8962, Part IV, line 30, Nancy enters Kevin's SSN in column (b) and enters "0.50" in columns (e) and (g). Column (f) is left blank. Instead of allocating the applicable SLCSP premium, Nancy will enter the applicable SLCSP premium that applies to Nancy. Nancy enters this amount on the applicable lines in column (b), lines 12 through 23.

Example 3. For 2024, Michael and Colleen are married with no dependents and are enrolled in a qualified health plan. APTC of \$8,700 is paid for them during 2024. Michael and Colleen each file their returns for 2024 as married filing separately and Exception 2, earlier, does not apply to either of them. According to Table 3, Michael and Colleen follow the rules under Allocation Situation 2, earlier. Michael and Colleen are not applicable taxpayers and cannot take the PTC. They must allocate the \$8,700 APTC one-half (50%) to Michael and one-half (50%) to Colleen. On her Form 8962, Part IV, line 30, Colleen enters Michael's SSN in column (b) and enters "0.50" in column (g). On his Form 8962, Part IV, line 30, Michael enters Colleen's SSN in column (b) and enters "0.50" in column (g).

Example 4. The facts are the same as in *Example 3*, except that only Colleen is covered under the policy. Because Michael and Colleen are not applicable taxpayers and cannot take the PTC, Colleen does not complete Part IV of her Form 8962. She reports all of the APTC on line 11 or lines 12 through 23, whichever applies. Michael does not file Form 8962 because he was not enrolled in a qualified health plan.

Allocation Situation 3—No APTC. If this allocation situation applies, the enrollment premiums are allocated in proportion to the SLCSP premium that applies to each taxpayer's coverage family. If no APTC was paid for the policy, the Marketplace may not know which enrollees are in which tax family, and therefore may furnish only one Form 1095-A showing the total premium. When this happens, the taxpayer receiving the Form 1095-A should provide a copy to the other taxpayers.

You and the other taxpayer(s) must complete only column (e) on the appropriate line in Part IV to allocate the enrollment premiums to each family. See *Missing or incorrect SLCSP premium on Form 1095-A* under *Line 10*, earlier, to determine your correct applicable SLCSP premium.

Example. Gary and his 25-year-old nondependent son, Jim, enroll in a qualified health plan. Jim has no dependents. The policy covers Gary, Jim, and Gary's two young daughters who are Gary's dependents. No APTC is paid for this policy. The Form 1095-A furnished by the Marketplace to Gary shows an enrollment premium of \$15,000 for the year and the SLCSP premium that applies to a coverage family that incorrectly includes Gary, Gary's daughters, and Jim. (Some states may report -0- or leave column B blank on the Form 1095-A when no APTC is paid.)

Gary and Jim determine that the SLCSP premium that applies to Gary and his two dependents is \$12,000 and the SLCSP premium that applies to Jim is \$6,000. Gary and Jim are applicable taxpayers and each can take the PTC. According to Table 3, Gary and Jim use the rules under Allocation Situation 3, earlier.

Gary computes his credit using his household income and family size of three, and the applicable SLCSP premium for a coverage family of three of \$12,000. Jim computes his credit using his household income and family size of one, and the applicable SLCSP premium for a coverage family of one of \$6,000.

Gary and Jim must allocate the enrollment premiums of \$15,000 reported on the Form 1095-A, Part III, column A, in proportion to each taxpayer's applicable SLCSP premium as follows.

Gary's allocated enrollment premiums are \$10,000 ($\$15,000 \times \$12,000/\$18,000$) (67% of the total premiums of \$15,000) and Jim's allocated enrollment premiums are \$5,000 ($\$15,000 \times \$6,000/\$18,000$) (33% of the total premiums of \$15,000).

Gary enters Jim's SSN on line 30, column (b), and enters "0.67" in column (e). Jim enters Gary's SSN on line 30, column (b), and enters "0.33" in column (e). Gary and Jim leave line 30, columns (f) and (g), blank.

Allocation Situation 4—Other situations where a policy is shared between two tax families. Complete Part IV using the rules in this section if you need to allocate policy amounts and Allocation Situations 1 through 3 do not apply.

Allocation Situation 4 generally applies if another taxpayer indicated to the Marketplace that their tax family would include an individual you are including in your tax family,

or you indicated to the Marketplace that you would include in your tax family an individual being included in the tax family of another taxpayer, and APTC was paid on behalf of that individual. In such cases, the Form 1095-A sent by the Marketplace for the policy does not accurately reflect the members of your coverage family and the other taxpayer's coverage family. Therefore, you and the other tax family must allocate the enrollment premiums, the APTC, and the applicable SLCSP premium so that each family is able to compute their PTC and reconcile their PTC with the APTC paid for their coverage.

Under the rules in this section, you and the other taxpayer may agree on any allocation of the policy amounts between the two of you. You may use the percentage you agreed on for every month for which this allocation rule applies, or you may agree on different percentages for different months.

However, you must use the same allocation percentage for all policy amounts (enrollment premiums, applicable SLCSP premiums, and APTC) in a month. If you cannot agree on an allocation percentage, each taxpayer's allocation percentage is equal to the number of individuals enrolled by one taxpayer who are included in the tax family of the other taxpayer for the tax year divided by the total number of individuals enrolled in the same policy as the individual(s). The allocation percentage you use and that you put on line 30 of Form 8962 is the percentage of the policy amounts for the coverage that you will use to compute your PTC and reconcile APTC.

Policy amounts allocated 100%. If 100% of the policy amounts are allocated to you, check **"Yes"** on line 9 and complete Part IV by entering 100 in the appropriate box(es) for your allocation percentage.

If 0% of the policy amounts are allocated to you, complete Part IV by entering -0- in the appropriate box(es) for your allocation percentage.

Note. If APTC is paid for coverage of an individual who is not included in a tax family, the taxpayer who certifies to the Marketplace their intention to include the individual in their tax family for the year of coverage is responsible for reporting and reconciling the APTC for the individual's coverage. See Individual you enrolled who is not included in a tax family under *Lines 12 Through 23*, earlier.

Example 1. Joe and Alice have been divorced since January 2022 and have two children, Chris and Jane. Joe enrolls himself, Chris, and Jane in a qualified health plan for 2024. The annual enrollment premium for the plan is \$13,000. The applicable SLCSP premium is \$12,000, APTC is \$7,145, and Joe's household income is \$74,936.

Jane lives with Alice for more than half of 2024 and Alice claims Jane as a dependent. Joe receives a Form 1095-A showing policy amounts for the qualified health plan. Joe and Alice agree to allocate 20% of the policy amounts for the qualified health plan for Jane's coverage. Therefore, 20% of the enrollment premiums, APTC, and the applicable SLCSP premium are allocated to Alice and 80% are allocated to Joe. According to Table 3, Joe and Alice use the rules under Allocation Situation 4, earlier.

In computing PTC, Joe takes into account \$10,400 of enrollment premiums ($\$13,000 \times 0.80$). Joe must reconcile \$5,716 of APTC ($\$7,145 \times 0.80$). Joe's tax family for 2024 includes only Joe and Chris, and Joe's household income of \$74,936 is 380% of the federal poverty line for a family size of two. Joe's applicable SLCSP premium for 2024 is \$9,600 ($\$12,000 \times 0.80$). Joe's PTC for 2024 is \$4,359 (the lesser of \$4,359, the excess of

Joe's applicable SLCSP premium of \$9,600 minus the contribution amount of \$5,995 ($\$74,936 \times 0.0800$), or \$10,400, Joe's enrollment premiums). Joe has excess APTC of \$1,357 (the excess of the APTC of \$5,716 over the PTC of \$4,359).

When Joe completes Part IV of Form 8962, he enters Alice's SSN on line 30, column (b), and enters "0.80" in columns (e), (f), and (g). Alice is responsible for reconciling \$1,429 ($\$7,145 \times 0.20$) of APTC for Jane's coverage. If Alice is eligible for the PTC, she will take into account \$2,600 ($\$13,000 \times 0.20$) of the enrollment premiums for Jane and \$2,400 ($\$12,000 \times 0.20$) of the applicable SLCSP premiums. Alice must compute her contribution amount using the federal poverty line percentage for the household income and family size reported on her Form 8962.

Example 2. The facts are the same as in *Example 1*, except that Joe and Alice do not agree on an allocation percentage.

Therefore, the allocation percentage equals the number of individuals Joe enrolled in a qualified health plan who are included in Alice's tax family (1—Jane), divided by the number of individuals enrolled in the plan (3—Joe, Chris, and Jane). Thus, 33% of the policy amounts are allocated to Jane's coverage. Alice is allocated 33% of the enrollment premiums, APTC, and applicable SLCSP premiums for the policy, and the remaining 67% of each is allocated to Joe.

Lines 30 Through 33, Columns (a) Through (g)

If you shared a policy with another taxpayer in one of the situations described under *Specific Allocation Situations*, earlier, complete line 30, columns (a) through (g), as applicable. If you shared a policy with another taxpayer and you are not making an allocation in all three columns, (e), (f), and (g), leave the column blank that does not apply.

If you shared multiple policies during the year or must do more than one allocation for a single policy, complete lines 31 through 33 for each separate allocation, as needed. For instructions on making more than four separate allocations, see Line 34, later.

Not an applicable taxpayer. If you are not an applicable taxpayer because you are using filing status married filing separately and Exception 2, earlier, does not apply to you, you cannot take the PTC. Unless you are electing the alternative calculation for year of marriage, do not enter any percentages in column (e) or (f) when completing Part IV.

Lines 30 through 33, column (a). Enter the Marketplace-assigned policy number from Form 1095-A, line 2. If the policy number on the Form 1095-A is more than 15 characters, enter only the last 15 characters.

Lines 30 through 33, column (b). Enter the SSN of the taxpayer with whom you are allocating policy amounts.

This SSN may or may not be reported on your Form 1095-A, depending on your relationship to the other taxpayer.

Lines 30 through 33, column (c). Enter the first month you are allocating policy amounts. For example, if you were enrolled in a policy with your former spouse from January through June, enter “01” in column (c).

Lines 30 through 33, column (d). Enter the last month you are allocating policy amounts. For example, if you were enrolled in a policy with your former spouse from January through June, enter “06” in column (d).

Lines 30 through 33, column (e). If your allocation situation requires you to allocate the enrollment premiums on Form 1095-A, lines 21 through 32, column A, enter your allocation percentage for that policy in column (e).

Enter your allocation percentage as a decimal rounded to two places (for example, for 40%, enter "0.40"). Otherwise, leave column (e) blank.

Lines 30 through 33, column (f). If your allocation situation requires you to allocate the applicable SLCSP premium on Form 1095-A, lines 21 through 32, column B, enter your allocation percentage for that policy in column (f). Enter your allocation percentage as a decimal rounded to two places (for example, for 67%, enter "0.67"). You will enter an allocation percentage in column (f) in the following two circumstances.

- You allocated the policy amounts under Allocation Situation 1, earlier.
- You allocated the policy amounts under Allocation Situation 4, earlier.

In all other situations, leave column (f) blank because you do not allocate the applicable SLCSP premium reported in those situations.

Instead, you must determine the correct applicable SLCSP premium for your coverage family and enter that amount on Form 8962, lines 12 through 23, column (b). See Pub. 974 for information on determining the correct premium for the applicable SLCSP or, if you enrolled through the federally facilitated Marketplace, go to [HealthCare.gov/Tax-Tool/](https://www.healthcare.gov/tax-tool/).

Lines 30 through 33, column (g). If your allocation situation requires you to allocate the APTC on Form 1095-A, lines 21 through 32, column C, enter your allocation percentage for that policy in column (g). Enter your allocation percentage as a decimal rounded to two places (for example, for 80%, enter "0.80"). Otherwise, leave column (g) blank.

Line 34

If you have completed your required allocations of policy amounts shown on Forms 1095-A using lines 30 through 33,

check **"Yes"** on line 34. If you must make more than four allocations of policy amounts shown on Forms 1095-A, check **"No"** on line 34 and attach a statement to your return providing the information shown on lines 30 through 33, columns (a) through (g), for each additional allocation.

If you got married in 2024 and APTC was paid for an individual in your tax family, see Table 4 under *Line 9* in the instructions for Part II, earlier, to determine if you should complete Part V. If you do not complete Part V, check **"No"** on Form 8962, line 10; skip line 11; and continue to Lines 12 Through 23 in the instructions for Part II, earlier.

Part V—Alternative Calculation for Year of Marriage

Complete Part V to elect the alternative calculation for your pre-marriage months.

Electing the alternative calculation is optional but may reduce the amount of excess APTC you must repay. To be eligible to make this election, you must meet either of the following conditions.

- You answered **“Yes”** to all five questions in Table 4.
- You checked **“Yes”** on line 14 of Worksheet 3.

If you, your spouse, or any individual in your tax family had coverage under a qualified health plan for at least 1 month before your first full month of marriage, use the worksheets and instructions necessary to complete the alternative calculation in Pub. 974.



Do not go to Pub. 974 until you have completed Table 4 to determine whether you meet the requirements to elect the alternative calculation.

Line 35. Complete line 35, columns (a) through (d), as indicated in Pub. 974 under *Alternative Calculation for Year of Marriage*.

Line 36. Complete line 36, columns (a) through (d), as indicated in Pub. 974 under *Alternative Calculation for Year of Marriage*.

How To Avoid Common Mistakes in Completing Form 8962

Mistakes in completing Form 8962 can cause you to pay too much tax, delay the processing of your return or refund, or cause you to receive correspondence from the IRS. To avoid making common mistakes on your Form 8962 and on your income tax return, carefully review all of the following before attaching Form 8962 to your tax return.

Entering amounts from Form 1095-A.

Form 8962 and the IRS electronic filing program provide for entries of dollars only. Your Form 1095-A may include amounts in dollars and cents.

You should round the amounts on Form 1095-A to the nearest whole dollar and enter dollars only on Form 8962. If you file a paper return and **do not** round amounts to whole dollars, be sure to enter the decimal point to separate dollars and cents.

Check your math. Check your math, especially when completing line 11, or lines 12 through 23, and entering the totals on lines 24 and 25. Review your entries on line 11, or lines 12 through 23, if your entries on lines 24 and 25 seem higher than expected (for example, greater than \$25,000). Examples of math errors include the following.

- Dollar and cents amounts from Form 1095-A entered as dollars on Form 8962.
- Transposition of numbers or errors in amounts (for example, line 12, column (a), monthly enrollment premium of \$1,200 entered as "\$12,000").

- Annual totals from Form 1095-A, line 33, entered as monthly amounts on Form 8962, lines 12 through 23.

Line 2b. Complete line 2b **only** if your dependent(s) is required to file an income tax return. You enter your and your spouse's (if filing a joint return) modified AGI on line 2a. If you are not required to complete line 2b, enter your modified AGI from line 2a on line 3.

Line 5. Review your entries on Worksheet 2 for accuracy. An incorrect entry on this line will impact the amount of your PTC.

Line 11. Use the amounts shown on Form 1095-A, line 33 (columns A, B, and C), for completing line 11. **Do not** use monthly amounts from Form 1095-A, lines 21 through 32 (columns A, B, and C). If you are instructed to complete line 11, **do not** complete lines 12 through 23.

Lines 12 through 23. Use the monthly amounts from Form 1095-A, lines 12 through 32 (columns A, B, and C), when completing lines 12 through 23. **Do not** use total amounts from Form 1095-A, line 33. If you are instructed to complete lines 12 through 23, **do not** complete line 11.

Line 24. If your filing status is married filing separately and you are not eligible to check the box for item A above Part I on Form 8962, your entry on line 24 should be -0-. If you enter an amount greater than -0-, the IRS will reduce your entry to -0-.

Line 26. If you have an amount on line 26 (other than -0-), be sure to enter that amount on Schedule 3 (Form 1040), line 9.

Line 29. If you have an amount on line 29, be sure to enter that amount on Schedule 2 (Form 1040), line 1a.

Part V—Alternative calculation for year of marriage election. Confirm your entries for alternate start and stop months. These months should be inclusive of all months you are using a reduced monthly contribution. Either you or your spouse should have a start month that is the same as the first month you claim the PTC on lines 12 through 23. For example, if your first monthly entry in Part II is on line 14 for March, either you or your spouse should enter “03” as the alternate start month in Part V.

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