20	19	

Sequence	No.	73

Form	8962	8962 Premium Tax Credit (PTC)						L	OMB No. 1545-0074
1 On								2019	
	Department of the Treasury     ► Attach to Form 1040, 1040-SR, or Form 1040-NR.       Internal Revenue Service     ► Go to www.irs.gov/Form8962 for instructions and the latest information.				Attachment				
-	al Revenue Servic		Go to www.irs.gov/F	orm8962 for instruction	ons and th				Sequence No. 73
	shown on your re						our social security numb	ber	
NEE.	LIMA KONE	DA					305-45-2275		
			-	unless you qualify for an e	exception (se	e instructio	ns). If you qualify, ch	eck the	ebox▶
Pa		ual and Monthly						4	-
1	-	ize. Enter your tax fami		,		· · · · ·		1	1
2a				· · · · · · · · · · · · · · · · · · ·		2a	72,168	-	
		, ,	,			2b		3	
3				see instructions)				3	72,168
4				t from Table 1-1, 1-2, or	-				
_		box for the federal pov	•	🗌 Alaska 🛛 <b>b</b> 🗌 Ha				4	12,140
5				e (see instructions)	• • • • •			5	401%
6		er 401% on line 5? (See	e instructions if you ente	ered less than 100%.)					
	=	ntinue to line 7.							
	X Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.								
7							7		
8a Annual contribution amount. Multiply line 3 by b Monthly contribution amount. Divide line 8a									
Ua		nearest whole dollar amount	8a		•		ble dollar amount	8b	
Pa				ciliation of Advar					dit
9				r do you want to use the					
				Alternative Calculation for			<b>No.</b> Continu		
10				must complete lines 12				0.00 m	
10					-		x No. Continu	e to lii	nes 12-23. Compute
							PTC and continue to line 24.		
		(a) Annual enrollment	(b) Annual applicable	(c) Annual	(d) Annua	al maximum	(e) Annual premi	ım təv	(f) Annual advance
Annual Calculation		premiums (Form(s)	SLCSP premium	contribution amount	premium	assistance	credit allowe		payment of PTC (Form(s)
		1095-A, line 33A) (Form(s) 1095-A, line 33B)		(line 8a) (subtract (c) from (b zero or less, enter -					1095-A, line 33C)
11	Annual Totals				2010 01 10	50, 01101 0			
<u> </u>				(c) Monthly					
,	Monthly	(a) Monthly enrollment premiums (Form(s)	(b) Monthly applicable SLCSP premium	contribution amount		ly maximum assistance	(e) working premi		(f) Monthly advance payment of PTC (Form(s)
	Iculation	1095-A, lines 21-32,	(Form(s) 1095-A, lines	(amount from line 8b	(subtract (	c) from (b),			1095-A, lines 21-32
•••		column A)	21-32, column B)	or alternative marriage monthly calculation)	zero or le	ss, enter -0-	)	. ())	column C)
12	January								62
	February								62
14									
	April								
	May								
17	June								
18									
	August								
	September								
	October								

21	October							
22	November							
23	December							
24	Total premium	n tax credit. Enter the amo	unt from line 11(e) or add	lines 12(e) through 23(e)	and enter the total here		24	
25	25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here						25	124
26	26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and							
	on Schedule 3	3 (Form 1040 or 1040-SR)	, line 9, or Form 1040-NR	, line 65. If line 24 equals	line 25, enter -0 Stop			
	here. If line 25 is greater than line 24, leave this line blank and continue to line 27						26	
Pa	rt III Repa	ayment of Excess	Advance Paym	ent of the Premiu	Im Tax Credit			
27	Excess advan	ce payment of PTC. If line	25 is greater than line 24	4, subtract line 24 from line	e 25. Enter the difference l	nere	27	124
28	Repayment	limitation (see instructio	ns)				28	
29	Excess adva	ance premium tax credi	t repayment. Enter the	smaller of line 27 or lin	e 28 here and on Sche	dule 2		
	(Form 1040	or 1040-SR), line 2, or	Form 1040-NR, line 44	4			29	124
For Paperwork Reduction Act Notice, see your tax return instructions.						Form <b>8962</b> (2019)		
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