



TAX SOFTWARE USER GUIDE



Preparing a Return

*Working with the Affordable Care
Act
– Health Insurance*

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Working with the Affordable Care Act

After completing this topic, you will be able to:

1. Complete the health insurance questionnaire.
2. Enter a shared responsibility payment.
3. Add Form 1095-A, *Health Insurance Marketplace Statement*.
4. Figure any advanced premium credit.
5. Enter health insurance exemptions.
6. Add the affordability and marketplace affordability worksheets.

With the Affordable Care Act, taxpayers must include certain information with the tax return to figure any credit or penalty for health insurance.

NOTE: While the Tax Cuts and Jobs Act (TCJA) made changes to the individual health insurance mandate, those changes do not apply until Tax Year 2019. See the tax form instructions for more information.

Completing the Health Insurance Questionnaire

The first step in completing the Health Insurance section is to complete a questionnaire that requests information concerning the taxpayer's coverage, household members, and other applicable information. To complete the questionnaire, use the following steps:

TaxSlayer Pro Online displays the **Health Insurance Questionnaire**:

Health Insurance Questionnaire

Did you or your family have health insurance at any time in 2017?

Yes

No

Below are some examples of healthcare plans that may be purchased or qualify as a purchased plan under the Affordable Care Act.

- A private plan purchased from a health insurance company
- An employer-sponsored health insurance plan or insurance through your work, spouse's work or parent's work
- A university or college where you are enrolled
- Your parent's health insurance plan if you're under age 26
- A State Medicaid program
- State high-risk pools for plan or policy years
- The Children's Health Insurance Program (CHIP) in your state
- Medicare
- Veteran's Administration (VA), CHAMPVA, or Tricare
- A former employer's retirement program
- A union you belong to
- The Peace Corps
- COBRA
- Refugee Medical Assistance (RMA)
- The Nonappropriated Fund Health Benefit Program

1. Answer the question to show whether the taxpayer and his or her family had health insurance during the year.
2. Click **Continue**.

TIP: TaxSlayer Pro Online displays a list of plans that qualify under the Affordable Care Act. Review this list for examples of qualifying plans.

If you answer **No** to this question, TaxSlayer Pro Online displays the **Verify Your Household Members** page. If so, skip to that section in this lesson.

If you answer **Yes** to this question, TaxSlayer Pro Online displays the **Health Insurance Questionnaire** page concerning purchasing from a marketplace:



Health Insurance Questionnaire

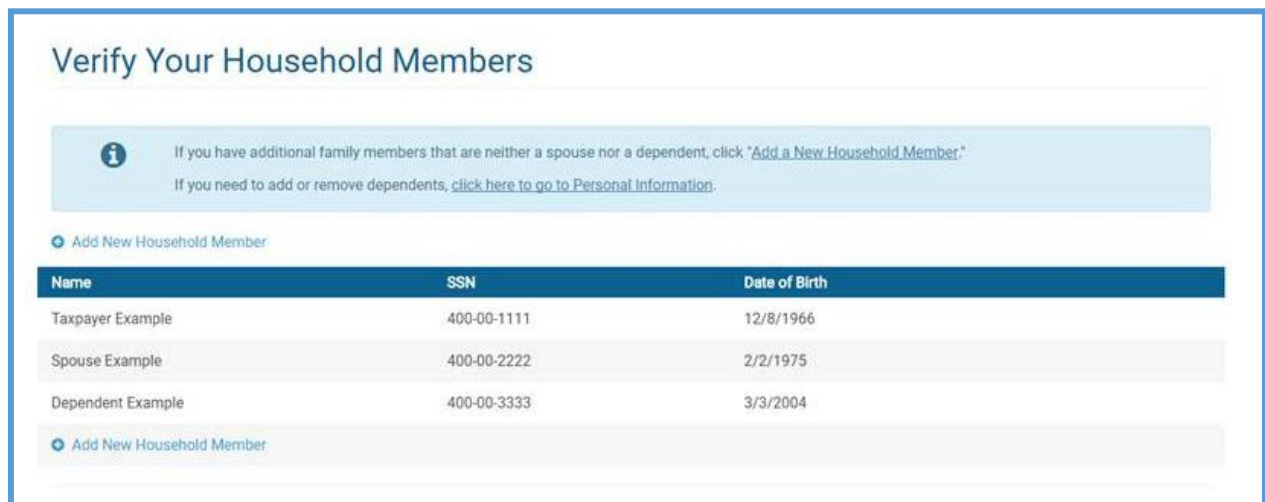
Did you purchase health insurance via HealthCare.gov or a State Marketplace? *

Yes


No

3. Determine whether the taxpayer purchased health insurance from a marketplace (whether federal or state) and select the appropriate answer.
4. Click **Continue**.

TaxSlayer Pro Online displays the **Verify Your Household Members** page:



Verify Your Household Members

 If you have additional family members that are neither a spouse nor a dependent, click ["Add a New Household Member."](#) If you need to add or remove dependents, [click here to go to Personal Information.](#)

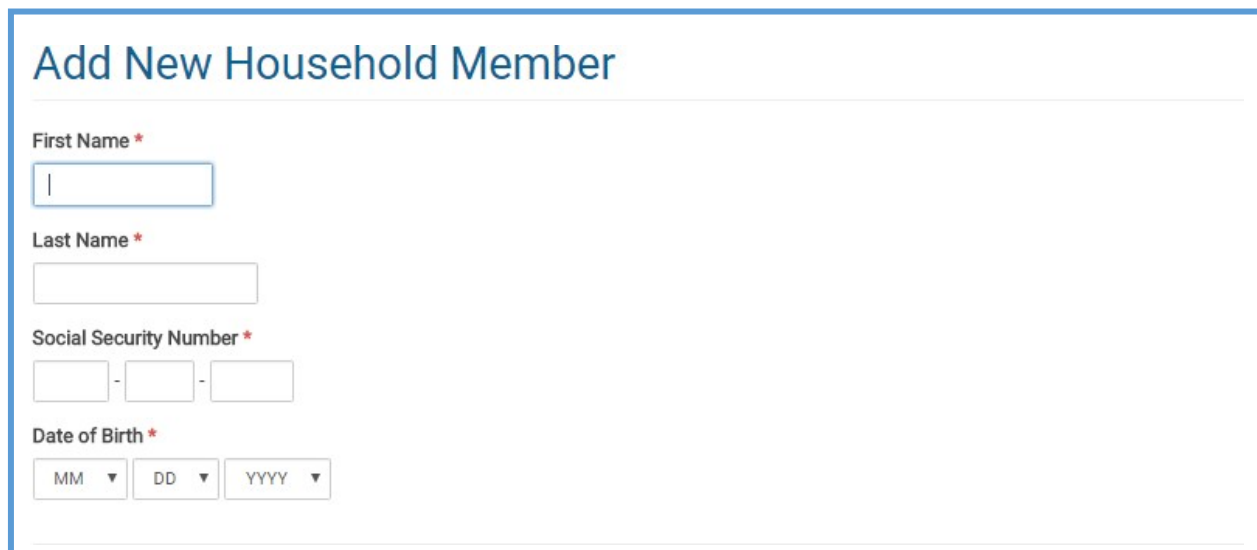
[Add New Household Member](#)

Name	SSN	Date of Birth
Taxpayer Example	400-00-1111	12/8/1966
Spouse Example	400-00-2222	2/2/1975
Dependent Example	400-00-3333	3/3/2004

[Add New Household Member](#)

5. Review the information on the page to verify that every member of your household is listed. If you need to add dependents, add the dependent in Basic Information as covered in the *Starting a Tax Return* section.
6. If the taxpayer has a household member who is not listed on the tax return, click **Add a New Household Member**. Refer to your reference materials to see household members you must add to this section.

TaxSlayer Pro Online displays the **Add New Household Member** page:



Add New Household Member

First Name *

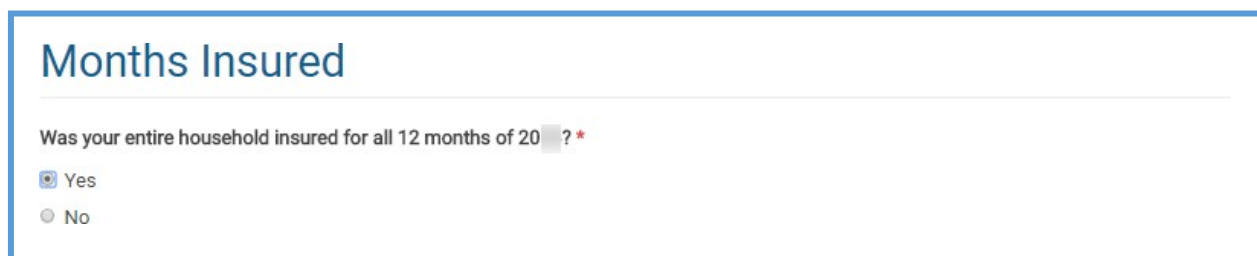
Last Name *

Social Security Number *

Date of Birth *

7. Type the household member's name, Social Security number, and date of birth.
8. Click **Continue**.
9. When you finish reviewing household members, click **Continue**.

TaxSlayer Pro Online displays the **Months Insured** page:



Months Insured

Was your entire household insured for all 12 months of 20?? *

Yes

No

10. Select **Yes** or **No** to show whether the entire household was insured for the entire year.

Insured for Full Year

If you select **Yes** to this question, TaxSlayer Pro Online displays the questionnaire section for the advanced premium credit.

Note: TaxSlayer Pro Online displays the Advanced Premium Credit page if you indicate that the taxpayer purchased health insurance through a marketplace and was insured for the full year.

Insured for Part of Year

If you select **No** to this question, TaxSlayer Pro Online displays the **Please enter the number of months insured for each household member** section:

Months Insured

Was your entire household insured for all 12 months of 20 ? *

Yes
 No

Please enter the number of months insured for each household member.

Name	Months Insured
Taxpayer Example	<input type="text" value="- Please Select -"/>
Dependent Example	<input type="text" value="- Please Select -"/>
Spouse Example	<input type="text" value="- Please Select -"/>

11. Select the number of months each member of the household was insured for the year.
12. When you finish entering the number of months insured, click **Continue**.

TaxSlayer Pro Online displays the **Months Insured** page:

Months Insured - Taxpayer Example

Specify the 7 months that Taxpayer Example had minimum essential coverage

<input type="checkbox"/> January	<input type="checkbox"/> February	<input checked="" type="checkbox"/> March
<input type="checkbox"/> April	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June
<input type="checkbox"/> July	<input checked="" type="checkbox"/> August	<input checked="" type="checkbox"/> September
<input type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December

13. If a member of the taxpayer's household was not insured the entire year, you must select the check box(es) for the month(s) the specified individual had essential coverage.
14. Click **Continue**.

Advanced Premium Credit

TaxSlayer Pro Online displays the **Advanced Premium Tax Credit (1095-A)** page:

Advanced Premium Tax Credit (1095-A)

Did you receive a 1095-A statement or any Premium Tax Credits to assist you in paying for your health care for 20???

Yes

No

To figure any advanced premium credit, use the following steps:

1. Select whether the taxpayer received a Form 1095-A or premium tax credits during the year.

If you select **No**, skip to health care exemptions.

If you select **Yes**, TaxSlayer Pro Online displays additional questions concerning coverage on Form 1095-A:

Advanced Premium Tax Credit (1095-A)

Did you receive a 1095-A statement or any Premium Tax Credits to assist you in paying for your health care for 20██? *

Yes
 No

Are you required to repay all of the APTC received? In most cases, the answer is NO. ONLY answer YES if you were not considered lawfully present in the U.S. or you meet the Health Coverage Tax Credit criteria. Note: We will automatically calculate a full repayment of APTC when MAGI is greater than 400 percent of Federal Poverty Line.

Yes
 No

Is your household income below 100% of the Federal poverty line, and do 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"?

Yes
 No

Do all Forms 1095-A include coverage for January through December, with no changes in monthly amounts?

Yes
 No

2. Read each question carefully and select the appropriate answers.
3. Do one of the following:
 - a. If all forms 1095-A include coverage for January through December, with no changes in monthly amounts, select **Yes** for the last question and type the full year information from Form(s) 1095-A, as shown below:

Do all Forms 1095-A include coverage for January through December, with no changes in monthly amounts?

Yes
 No

Please enter your annual Advance Premium Tax Credit information

Premium Amount (Form 1095-A, line 33A)

\$

Annual Premium Amount of SLCSP (Form 1095-A, line 33B)

\$

Annual Advance Payment of PTC (Form 1095-A, line 33C)

\$

b. If you select **No** on the above line, type the monthly information from Form 1095-A, as shown below:

Do all Forms 1095-A include coverage for January through December, with no changes in monthly amounts?

Yes
 No

Please enter your monthly Advance Premium Tax Credit information

Month	Monthly Premium Amount (Form 1095-A, Part III, Column A)	Monthly Premium Amount of SLCSP (Form 1095-A, Part III, Column B)	Monthly Advance Payment of PTC (Form 1095-A, Part III, Column C)
January	\$	\$	\$
February	\$	\$	\$
March	\$	\$	\$
April	\$	\$	\$
May	\$	\$	\$
June	\$	\$	\$
July	\$	\$	\$
August	\$	\$	\$
September	\$	\$	\$
October	\$	\$	\$
November	\$	\$	\$
December	\$	\$	\$

4. Click **Continue**.

TaxSlayer Pro Online displays the **Dependents' Modified AGI** page:

Dependents' Modified AGI (if filing requirement)

Enter the AGI for your dependents from Form 1040, line

\$

Enter any tax-exempt interest for your dependents from Form 1040, line the amount written to the left of the line 2 entry space; and Form 1040NR, line

\$

Enter any amounts for your dependents from Form 2555, lines , and Form 2555-EZ, line

\$

Enter for each of your dependents the difference, if any, between Form 1040, lines and

\$

5. Read each line carefully and type the appropriate amount in the box.

6. Click **Continue**.

Health Care Exemptions


TaxSlayer Pro Online calculates return information, which may take several seconds. This calculation determines whether the taxpayer may qualify for the Household or Gross Income below Filing Threshold exemption.

Then, TaxSlayer Pro Online displays one of two pages, depending on the result.

Household or Gross Income below Filing Threshold Exemption Not Applicable

If the taxpayer does **not** qualify for the Household or Gross Income below Filing Threshold exemption, TaxSlayer Pro Online displays the **Health Care Exemptions** page:

Health Care Exemptions

 You do not qualify for the exemption based on Household or Gross Income below Filing Threshold, but if you or another household member received a Marketplace Issued Exemption Certificate or qualify for a coverage exemption, please refer to the question below.

Did you qualify for an exemption due to circumstances or receive an exemption certificate from the marketplace?

Yes

No

Would you like to determine if you qualify for an exemption due to unaffordable premiums?

Yes

No

7. Answer the questions on the page to determine whether the taxpayer may qualify for a different type of exemption.

8. Click **CONTINUE**.

Other Possible Exemptions

Exemption for Circumstances or Marketplace Exemption Certificate

If you selected that the taxpayer qualifies for an exemption due to circumstances or received an exemption certificate from the marketplace, TaxSlayer Pro Online displays the **Health Care Exemption** page:

Health Care Exemption

Name of Individual *

- Please Select -

Do you have a marketplace-issued certificate for this exemption or going to apply for an exemption from the marketplace? *

Yes

No

Exemption Type on the return

-- Please Select --

No

Indicate full year or specify months for which you qualify to take the exemption. (Note: Selecting "Coverage is Unaffordable" above will prompt the Affordability Worksheet when continuing)

Full Year

January February March April



To enter the exemption, use the following steps:

1. Select the name of the individual for which you are claiming an exemption.
2. Select **Yes** or **No** to show whether the individual received an exemption certificate from the marketplace.
3. Do one of the following:
 - a. If the individual received a marketplace exemption certificate, type the Exemption Certificate Number.
 - b. If the individual did not receive a marketplace exemption certificate, select the exemption type from the drop-down list.
4. Select the months for which the individual qualifies to take an exemption.

Tip: Select the **Full Year** check box if the individual is exempt for the entire year.

5. Click **CONTINUE**.

TaxSlayer Pro Online displays the **Health Coverage Exemptions** page listing the exemption:

Name of Individual	Type	
SAMPLE RETURN	Certificate PENDING	 

6. Click **Add another exemption** to add exemptions for other members of the household.

7. When you finish adding exemptions, click **CONTINUE**.

Exemption Due to Unaffordable Premiums

If you selected that you want to determine whether the taxpayer qualifies for an exemption due to unaffordable premiums, TaxSlayer Pro Online displays the **Do you qualify for Health Care Exemptions** page:

Do you qualify for Health Care Exemptions?



You only need to fill in these values if a household member was not eligible for employer-sponsored coverage for one or more months. These values will be used to compute your annualized required contribution from the Marketplace Coverage Affordability Worksheet.

To determine if you can claim the "Coverage is Considered Unaffordable" exemption if health insurance was not offered through an employer, enter the premium values captured from the healthcare.gov tax tool that is made available to you. The link at the bottom of this page will assist you in determining the needed premium amounts. Note: If you were eligible for employer-sponsored coverage, select continue below and enter the required information asked to further determine affordability.

Monthly Premium for the Lowest Cost Bronze Plan Premium (worksheet line 1)

Monthly Premium for the Second Lowest Cost Silver Plan Premium (worksheet line 10)

[Click here](#) to obtain the LCBP and SLCSP premium amounts to enter above.

[Click here](#) to determine if you can claim a health coverage exemption.

Coverage is Unaffordable Exemption

Some taxpayers may qualify for the Coverage is Unaffordable exemption. To determine eligibility for this exemption, use the following steps:

1. To determine if this exemption applies, read each line carefully, type the applicable amounts, and then click **Continue**.

Tip: Click the applicable **Click here** link to open a new browser tab if you need to find the Lowest Cost Bronze Plan Premium and/or the Second Lowest Cost Silver Plan Premium.

TaxSlayer Pro Online uses this information, along with additional information from the return, to determine if the Coverage is Unaffordable exemption applies. If TaxSlayer Pro Online determines the taxpayer may qualify, TaxSlayer Pro Online displays the **Affordability Worksheet** page:

Affordability Worksheet - SAMPLE RETURN

[BACK](#) [CONTINUE](#)

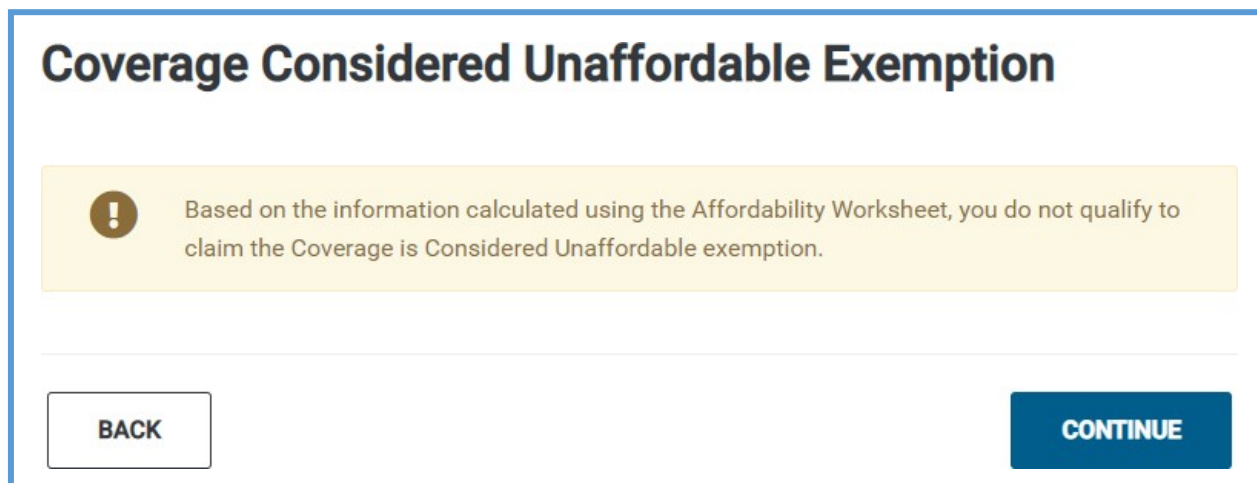
Enter the **ANNUALIZED** contribution amount this individual must pay for the first situation below that applies to the individual.

Enter the required **ANNUALIZED** contribution for **each month** that applies to this individual:

1. Lowest cost self-only policy offered to each member of your tax household by his/her employer (the monthly amount times 12).
2. Lowest cost family policy offered by your employer or your spouse's employer (the monthly amount times 12).
3. Amount from the Marketplace Coverage Affordability Worksheet. (\$1308)

2. Read the on-screen instructions carefully and type the appropriate amounts in the boxes for each month.
3. Click **CONTINUE**.
4. Complete the same information for the spouse and any dependents, if applicable.

TaxSlayer Pro Online determines whether the taxpayer qualifies for the Coverage Considered Unaffordable Exemption and displays the **Coverage Considered Unaffordable Exemption** page:



Coverage Considered Unaffordable Exemption

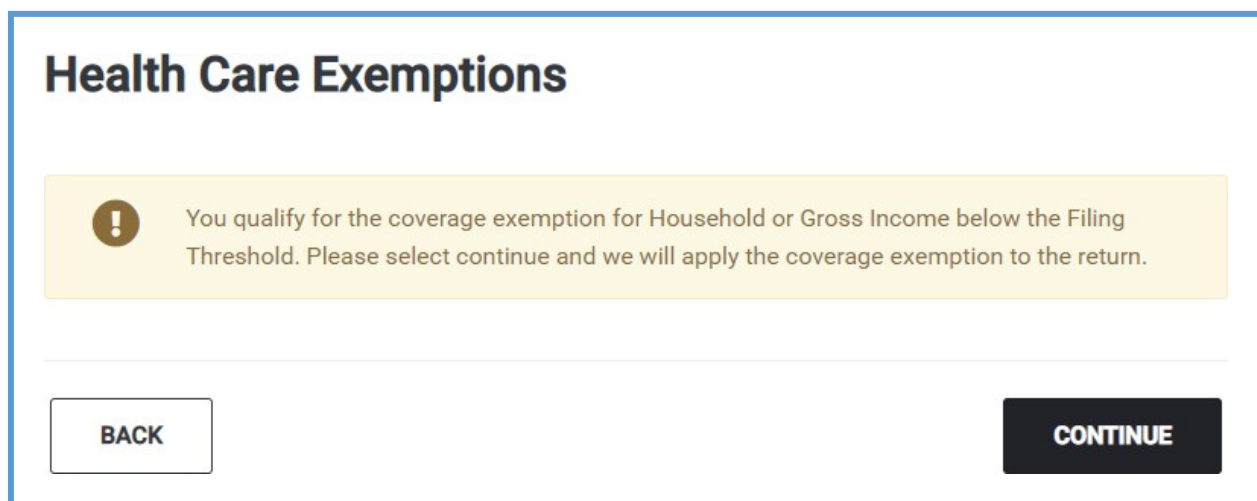
! Based on the information calculated using the Affordability Worksheet, you do not qualify to claim the Coverage is Considered Unaffordable exemption.

BACK CONTINUE

5. Click **CONTINUE**.

Household or Gross Income below Filing Threshold Exemption Applies

If the taxpayer qualifies for the “Household or Gross Income is Below the Filing Threshold” exemption, TaxSlayer Pro Online displays the **Health Care Exemptions** page:



Health Care Exemptions

! You qualify for the coverage exemption for Household or Gross Income below the Filing Threshold. Please select continue and we will apply the coverage exemption to the return.

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7. Read the information on the page and click **CONTINUE**.

TaxSlayer Pro Online adds the exemption to the return and continues to the **State Return** page.

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