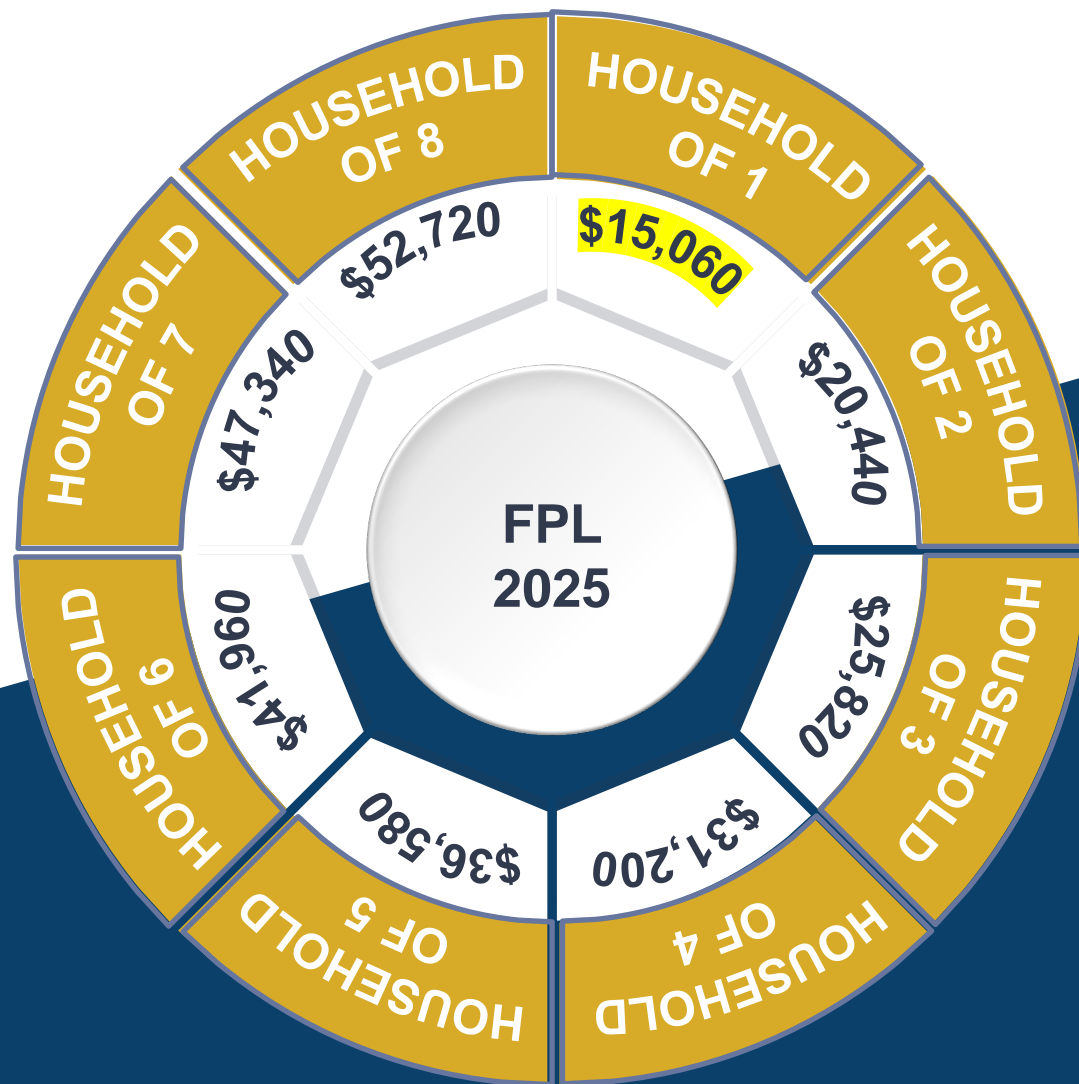




APTC RECONCILIATION  
Facilitator: Elise M. Brown  
Assistant Project Director

FEDERAL POVERTY LEVEL @100%



## OUR ROLE:

Agents, brokers, and assisters **should refer consumers to licensed tax advisers, tax preparers**, or other resources for assistance with tax preparation and tax advice related to consumer questions on PTC reconciliation.

01

Obtaining Internal Revenue Service (IRS) Form 1095-A and Form 8962 and providing **general** information on these forms;

02

Understanding how to report errors on Form 1095-A;

03

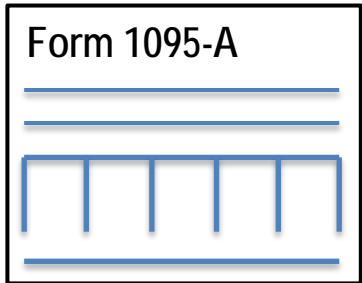
How to find second-lowest-cost Silver plan (SLCSP) premiums using the Health Coverage Tax Tool at [HeathCare.gov](https://www.healthcare.gov/coverage-tax-tool/);

04

Consequences for consumers for whom APTC was paid during the prior year and who failed to file and reconcile and/or don't attest to doing so on their Marketplace application.

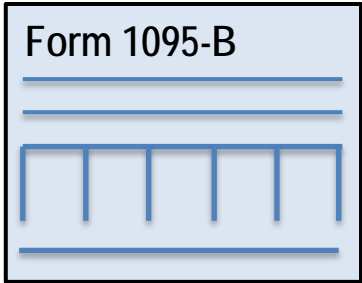
# Forms 1095-A, B, and C

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A simplified icon of Form 1095-A. It features a rectangular box with a header section at the top and a table with four columns below it.

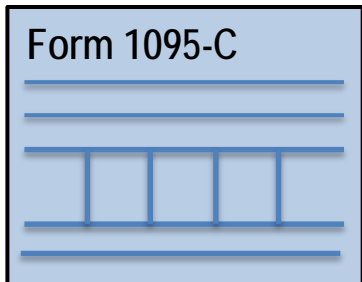
## Form 1095-A

- Issued by the **Marketplace** to people who enrolled in Marketplace coverage.
- **Necessary to prepare Form 8962**, which is required for people who received Advance Premium Tax Credits
- **Reconcile APTC**, if applicable, with the allowed premium tax credit (PTC).
- Claim the PTC if they are enrolled in Marketplace coverage without APTC and are eligible for PTC or are eligible for PTC that exceeds their APTC.
- **Corrections?** Call the Marketplace that issued the form

A simplified icon of Form 1095-B. It features a rectangular box with a header section at the top and a table with four columns below it.

## Form 1095-B

- Issued by **Medicaid, Medicare**, insurers, and others who offer coverage.
- Useful in determining the months a person had coverage.

A simplified icon of Form 1095-C. It features a rectangular box with a header section at the top and a table with four columns below it.

## Form 1095-C

- Issued only by **large employers** (employers with 50 or more full-time EEs)
- Useful in determining the months a person had coverage or an offer of coverage and the cost of the offer of individual coverage. (May be helpful to calculate the affordability exemption.)

**Health Insurance Marketplace Statement**☐ VOID

OMB No. 1545-2232

☐ CORRECTED**2024**

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095A](https://www.irs.gov/Form1095A) for instructions and the latest information.

**Part I** Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name
4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)
13 City or town	14 State or province	15 Country and ZIP or foreign postal code

**Part II** Covered Individuals



A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16				
17				
18				
19				
20				

**Part III** Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	509.99	406.16	447.00

Ambetter from Peach State Health Plan

Focused Silver

 Extra savings | Silver | HMO | Plan ID: 70893GA0010070 | Rating 

Premium

\$62.99 /month

Including a \$447 tax credit  
was \$509.99

Estimated total yearly cost

 [Add yearly cost](#)

Deductible

\$0

Individual total  
(health & drug combined)

Out-of-pocket maximum

\$3,150



Individual total

You pay

Primary care	\$15 per visit from day 1
Specialist care	\$30 per visit from day 1
Urgent care	\$10 per visit from day 1
Emergency room	50%
Outpatient mental health	\$15 per visit from day 1
Generic drugs	\$3

[View plan details](#) for full list of benefits, limits, and exclusions.

Plan features

-  Adult Dental
-  Child Dental

Find covered providers & drugs

 [Add doctors & facilities](#)

 [Add prescription drugs](#)

# Form 1095-A

Form <b>1095-A</b>		<b>Health Insurance Marketplace Statement</b>		<input checked="" type="checkbox"/> VOID	OMB No. 1545-2232
Department of the Treasury Internal Revenue Service		Do not attach to your tax return. Keep for your records. Go to <a href="http://www.irs.gov/Form1095A">www.irs.gov/Form1095A</a> for instructions and the latest information.		<input checked="" type="checkbox"/> CORRECTED	<b>2024</b>
<b>Part I</b> Recipient Information <b>ISSURER'S NAME</b>					
<b>Part II</b> Covered Individuals <b>START/STOP COVERAGE DATE</b>					
<b>Part III</b> Coverage Information					
Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit		
21 January	<b>Add the premiums together</b>	<b>If same state, SLCSP should be the same.</b> <b>If different states, add them.</b> <b>Or use tool.</b>	<b>Add the APTC together</b>		
22 February					
23 March					
24 April					
	APTIC (minus certain "extra" benefits, such as adult dental)				
	(1) no APTIC was paid, or (2) a change in circumstance was not reported. Sometimes this is blank.				

Issue: Multiple Forms 1095-A



# Form 1095-A Corrections

## What if the 1095-A is wrong?

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- The taxpayer should call the Marketplace for an amended form
- The updated Form 1095-A will have the “corrected” or “void” check box marked, and CMS or our exchange will also report the corrected information to the IRS.
- Requests for amended forms don’t always require filing delays
  - If an error *doesn’t* affect the PTC calculation (e.g., incorrect address, social security number or birth date), **seek a correction, but the consumer should file anyway. Don’t wait.**

**Note:** The Marketplace will not send an amended form to correct the second lowest cost silver plan (SLCSP).

—If the SLCSP is wrong, use the look-up tool to find the correct one to use on Form 8962 (healthcare.gov tool:

[www.healthcare.gov/tax-tool](http://www.healthcare.gov/tax-tool))

**Premium Tax Credit (PTC)**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.

Your social security number

**A.** You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

<b>1</b>	Tax family size. Enter your tax family size. See instructions . . . . .	<b>1</b>	
<b>2a</b>	Modified AGI. Enter your modified AGI. See instructions . . . . .	<b>2a</b>	
<b>b</b>	Enter the total of your dependents' modified AGI. See instructions . . . . .	<b>2b</b>	
<b>3</b>	Household income. Add the amounts on lines 2a and 2b. See instructions . . . . .	<b>3</b>	
<b>4</b>	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. <b>a</b> <input type="checkbox"/> Alaska <b>b</b> <input type="checkbox"/> Hawaii <b>c</b> <input type="checkbox"/> Other 48 states and DC	<b>4</b>	
<b>5</b>	Household income as a percentage of federal poverty line (see instructions) . . . . .	<b>5</b>	%
<b>6</b>	Reserved for future use . . . . .		
<b>7</b>	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions . . . . .	<b>7</b>	
<b>8a</b>	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	<b>8a</b>	
<b>8b</b>	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	<b>8b</b>	

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

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.  
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☐ **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12–23 and continue to line 24. ☐ **No.** Continue to lines 12–23. Compute your monthly PTC and continue to line 24.

	<b>(a)</b> Annual enrollment premiums (Form(s) 1095-A, line 33A)	<b>(b)</b> Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	<b>(c)</b> Annual contribution amount (line 8a)	<b>(d)</b> Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	<b>(e)</b> Annual PTC allowed (smaller of (a) or (d))	<b>(f)</b> Annual advance payment of PTC (Form(s) 1095-A, line 33C)
<b>11</b> Annual Totals						
	<b>(a)</b> Monthly enrollment premiums (Form(s) 1095-A, lines 21–32, column A)	<b>(b)</b> Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21–32, column B)	<b>(c)</b> Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	<b>(d)</b> Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	<b>(e)</b> Monthly PTC allowed (smaller of (a) or (d))	<b>(f)</b> Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C)
<b>12</b> January						
<b>13</b> February						
<b>14</b> March						
<b>15</b> April						
<b>16</b> May						



- **Tip!** Line 28 should show a repayment cap when income is 400% FPL or below, even if the cap doesn't change the amount owed. If it doesn't, check your answer to this question.

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

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.  
☐ Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.
- 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
☒ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12–23 and continue to line 24. ☒ **No.** Continue to lines 12–23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual PTC allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	6,119.88	4,873.92	86.40	4,787.52	4,787.52	5,364.00
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21–32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly PTC allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C)
12 January	509.99	406.16	7.20	398.96	398.96	447.00
13 February	509.99	406.16	7.20	398.96	398.96	447.00
14 March	509.99	406.16	7.20	398.96	398.96	447.00
15 April						
16 May						
24 Total PTC. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here . . . . .						24 4787.52
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 5364.00
26 Net PTC. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. 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

Part III Repayment of Excess Advance Payment of the Premium Tax Credit	
27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here . . . . .	27 576.48
28 Repayment limitation (see instructions) . . . . .	28 375.00
29 Excess advance PTC repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 1a . . . . .	29 375.00

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	

	100%	200%	300%	400%
1	\$15,060	\$30,120	\$45,180	\$60,240
2	\$20,440	\$40,880	\$61,320	\$81,760
3	\$25,820	\$51,640	\$77,460	\$103,280
4	\$31,200	\$62,400	\$93,600	\$124,800

# Eligibility Criteria for the Premium Tax Credit (PTC)

**To receive a premium tax credit, a person must:**

1. Enroll in a Marketplace plan

2. Have income between 100 and 400 percent of the federal poverty line (FPL)

Individual: \$15,060 - \$60,240      Family of four: \$31,200 - \$124,800

\* Exception: People with income below 100% FPL can claim PTC if they received APTC under the belief that they would be income-eligible for the credit

3. Have an eligible filing status

PTC cannot be claimed by a person who is Married Filing Separately

\* Exception: Abused (physical, psychological, sexual, emotional, control, isolate, humiliate, intimidate, or undermine the victim's ability to reason independently); or abandoned spouses

PTC cannot be claimed on a dependent return (whoever claims an individual as a dependent can claim their PTC)

4. Not eligible for (or enrolled in) other minimum essential coverage (MEC)

Not eligible for Medicare or most Medicaid/CHIP or affordable employer-sponsored coverage (regardless of whether the person is actually enrolled)

\* Exception: Some people may temporarily receive PTC despite eligibility for other coverage



# TAKEAWAYS

Understanding how to report errors on Form 1095-A

2

How to find second-lowest-cost Silver plan (SLCSP) premiums using the Health Coverage Tax Tool at [HeathCare.gov](https://www.healthcare.gov/health-coverage-tax-tool/);

3

Obtaining Internal Revenue Service (IRS) Form 1095-A and Form 8962 and providing general information on these forms;

1

Consequences for consumers for whom APTC was paid during the prior year and who failed to file and reconcile and/or don't attest to doing so on their Marketplace application.

4



## OPTION 1

BOOK an  
APPOINTMENT



## OPTION 2

Call us with  
questions @  
866-442-3676



## OPTION 3

Email us for help:  
[georgiaenroll@glsp.org](mailto:georgiaenroll@glsp.org)



**WHAT CAN YOU DO?**