ACA Affordability Calculator
(Version 4.01, 8/10/2016)

Basic Filing Information:

Taxpayer's Name:　THOMPSON

Tax Year: 2015 ▼

◉ 48 states　◯ Alaska　◯ Hawaii
State expanded Medicaid? ◉ Yes　◯ No

Filing Status: MFJ ▼

☑ TP 65 or older
☐ SP 65 or older

Filing Threshold: 21850

Dependents claimed for exemptions: 0

☐ Not eligible for Medicaid

100% Fed Poverty Line: 15930
400% Fed Poverty Line: 63720

Household Income Information:

Enter amounts from tax returns only for those dependents who must file other than to obtain a refund of withholding or estimated payments.

Amount	Location	TP & SP	Depend 1	Depend 2	Depend 3	Depend 4	Depend 5
AGI	Form 1040 line 37	75063					
Tax-exempt interest	Form 1040 line 8b	975					
Social Security Income	Form 1040 line 20a	22068					
Taxable Social Security	Form 1040 line 20b	18758					
Foreign Income	Form 2555 line 45 & 50						

		Total	Comments		Total dependent MAGI
Household Income (MAGI)	Form 8965 part II line 7	76038	*Used for affordability test*		0
Household Income (MAGI)	Form 8962 line 3:	79348	*Used for PTC/APTC amounts (499% of FPL)*		

GO TO NEXT TEST... No special conditions apply.

Affordability Worksheet: (Tests for Code A or Code G for Form 8965 part III)

Monthly premium paid through salary reduction and excluded from income: [0]

Monthly Adjusted Income = 6336.50
Affordability threshold at 8.05% = 510.09

NOTE: This amount is automatically filled in using the figures from lines 1 or 2 below when the small box to their right is checked.

	Taxpayer	Spouse	Depend 1	Depend 2	Depend 3	Depend 4	Depend 5
Exempt by another code or has MEC?	EXM	NO					
1. Lowest cost self-only policy offered by employer per month	☐	☐					
2. Lowest cost family policy offered by employer per month	☐	☐					
3. Amount from Marketplace Coverage Affordability Worksheet	1299.74	1299.74					
Use exemption code:	Use EXM	Code A					
January		1299.74					
February		1299.74					
March		1299.74					
April		1299.74					
May		1299.74					
June		1299.74					
☑ July		1299.74					
☑ August		1299.74					
☑ September		1299.74					
☑ October		1299.74					
☑ November		1299.74					
☑ December		1299.74					
EQUIVALENT ANNUAL COST:	0.00	15596.88					
PERCENT OF HOUSHOLD INCOME:	0.00 %	20.51 %					

(Checkboxes unchecked for January through June)

Marketplace Coverage Affordability Worksheet

1. Monthy lowest cost Bronze plan for SP: `1299.74` *Go to https://www.healthcare.gov/tax-tool/*
or to http://www.valuepenguin.com/ppaca/exchanges
or to http://www.healthpocket.com
*to get the **lowest** premium amount.*

<mark>NOTE! Household income is more than 400% of Fed Poverty Line.
The TP does not qualify for the PTC and would pay the full cost of the Bronze plan.</mark>

2. Household income:	76038	Household income without untaxed Social Security
3. Nontaxable Social Security:	3310	Includes nontaxed Social Security for all tax family members
4. Add lines 2 + 3:	79348	Household income with untaxed Social Security
5. Fed Poverty Line:	15930	
6. Divide line 4 by line 5:	4.99	
7. Multipy line 6 by 100 and look up: .		*Value is from col 2 of the Form 8962 Instructions for line 7.*
8. Multiply line 4 by line 7:		
9. Divide line 8 by 12:		

10. Monthly second lowest cost Silver plan for SP: [   ] *Go to https://www.healthcare.gov/tax-tool/*
or to http://www.valuepenguin.com/ppaca/exchanges
*or to http://www.healthpocket.com to get the **second lowest** premium amount.*

11. Subract line 9 from line 10:	0.00	*Maximum PTC amount allowed (but limited by the Bronze plan cost)*
12. Subract line 11 from line 1:	1299.74	*Cost to the taxpayer after PTC is applied*

13. Return to the Affordability Worksheet above and click the "Click to test" button.