

1. Start with filling out the BLUE boxes that apply.
2. Then go to the DARK YELLOW boxes.
3. If they apply, fill out the LIGHT YELLOW boxes.
4. The GREEN boxes will tell you if they:
 1. Qualify for the exemption (Code "A"),
 2. Qualify for the hardship (Code "G"), or
 3. If they are subject to the penalty (Shared Responsibility Payment).

You will need:

1. Lowest cost self-only employer insurance for EACH person *eligible* for employer insurance,
2. Lowest cost family employer insurance for EACH person *eligible* for employer insurance,
3. Amount of pre-tax employer insurance PAID (if any) and
4. If somebody in household is NOT eligible for employer insurance (even through a 'family' plan), you need information from the Healthcare Marketplace:
 1. The lowest [Bronze plan](#) for the part of the 'family' that is NOT able receive any employer-based insurance, and
 2. The [Second Lowest Cost Silver Plan](#), for the part of the 'family' that is NOT able receive any employer-based insurance.
 1. For most States, these will be posted on [Healthcare.gov](#) (click the links). For other States, you may need to contact your State's Healthcare Marketplace. For an unofficial source, try [this website](#).

Disclaimer #1: *This is just a self-created tool to determine if somebody qualifies for the exemption (or hardship) from the penalty because health insurance was over 8% of their income for the year. I can not verify it's accuracy. If you find an error, please contact me so I can correct it.*

Disclaimer #2: *I do not know the complex calculations in Excel. Some of you may look at my calculations and know of an easier, better way to have done so. However, I think all the calculations should be accurate.*

Disclaimer #3: *This does NOT cover situations when a dependent is eligible for employer insurance.*

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1																		
2	*** = Please Look at Any Attached Comments.			OPTIONAL: Conversion Worksheet to Monthly Insurance Premiums				<div style="border: 2px solid black; padding: 5px;"> <p>If NOBODY has access to employer insurance, only fill out Column C and the 3 Bottom Yellow boxes in Column G</p> </div>										
3				Pay Period	Employer 1 ***	Employer 1	Employer 2 ***											Employer 2
4					Self-Only	Family Plan	Self-Only											Family Plan
5	*** For INSTRUCTIONS, etc., Click Here ***			Weekly	\$ -	\$ -	\$ -											\$ -
6				Bi-Weekly														
7				Bi-Monthly														
8				Monthly	\$ -	\$ -	\$ -	\$ -										
9																		
10																		
11	Taxpayer			If Only ONE Spouse is Eligible for Employer Insurance, Enter That Person Here.														
12	1040 Line 37 (AGI)	\$ 70,000				January	February	March	April	May	June	July	August	September	October	November	December	
13	1040 Line 8b (Tax-Exempt Interest)	\$ -		Lowest Cost Self-Only Employer Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
14	1040 Line 15a (Total Social Security)	\$ -		Lowest Cost Family Employer Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
15	1040 Line 15b (Taxable Social Security)	\$ -																
16	1040 Excluded Foreign Income	\$ -																
17	Annual Pre-tax Insurance Premiums PAID (if any)	\$ -																
18																		
19																		
20				ONLY use if BOTH Spouses are Eligible for Employer Insurance														
21	Dependent #1 Over Filing Threshold			Spouse's Employer Lowest Cost Self-Only Employer Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
22	Dependent Filing Thresholds			Spouse's Employer Lowest Cost Family Employer Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
23	1040 Line 37 (AGI)	\$ -		Lowest Cost Family Plan if Two Employers Offer Family Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
24	1040 Line 8b (Tax-Exempt Interest)	\$ -																
25	1040 Line 15a (Total Social Security)	\$ -																
26	1040 Line 15b (Taxable Social Security)	\$ -																
27	1040 Excluded Foreign Income	\$ -																
28																		
29				Exemption and Hardship Chart														
30					Full Year	January	February	March	April	May	June	July	August	September	October	November	December	
31	Dependent #2 Over Filing Threshold			Taxpayer Exempt?	Full Year Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	
32	1040 Line 37 (AGI)	\$ -		Spouse Exempt?	Full Year Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	
33	1040 Line 8b (Tax-Exempt Interest)	\$ -		Taxpayer's Dependents Exempt?	Full Year Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	
34	1040 Line 15a (Total Social Security)	\$ -																
35	1040 Line 15b (Taxable Social Security)	\$ -																
36	1040 Excluded Foreign Income	\$ -																
37																		
38				Only Fill Out if Somebody is NOT Eligible for Employer Insurance														
39	Dependent #3 Over Filing Threshold			Number of Exemptions Claimed on Tax Return	1													
40	1040 Line 37 (AGI)	\$ -			January	February	March	April	May	June	July	August	September	October	November	December		
41	1040 Line 8b (Tax-Exempt Interest)	\$ -		Lowest Price Bronze FAMILY Healthcare Marketplace Insurance	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00	
42	1040 Line 15a (Total Social Security)	\$ -		Second Lowest Cost Silver Family Plan	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	
43	1040 Line 15b (Taxable Social Security)	\$ -		Hypothetical Premium Tax Credit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
44	1040 Excluded Foreign Income	\$ -		Exempt?	Full Year Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	
45																		
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This gives you the answer.



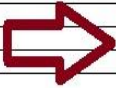
Monthly boxes are ONLY used if (1) family size changes during the year, or (2) taxpayer moves to a different area during the year.

*** = Please Look at Any Attached Comments

OPTIONAL: Conversion Worksheet to Monthly Insurance Premiums

Pay Period	Employer 1 *** Self-Only	Employer 1 Family Plan	Employer 2 *** Self-Only	Employer 2 Family Plan
Weekly	\$ -	\$ -	\$ -	\$ -
Bi-Weekly	\$ 200.00	\$ 300.00	\$ 200.00	\$ -
Bi-Monthly				
Monthly	\$ 433.33	\$ 650.00	\$ 433.33	\$ -

If EVERYBODY has access to employer insurance (including a "family plan", only fill out Column C and the Blue Boxes (only fill out ONE blue box per column).



Taxpayer		
1040 Line 37 (AGI)	\$ 70,000	
1040 Line 8b (Tax-Exempt Interest)	\$ -	
1040 Line 15a (Total Social Security)	\$ -	
1040 Line 15b (Taxable Social Security)	\$ -	
1040 Excluded Foreign Income	\$ -	
Annual Pre-tax Insurance Premiums PAID (if any)	\$ -	
Dependent #1 Over Filing Threshold *		
Dependent Filing Thresholds		
1040 Line 37 (AGI)	\$ -	
1040 Line 8b (Tax-Exempt Interest)	\$ -	
1040 Line 15a (Total Social Security)	\$ -	
1040 Line 15b (Taxable Social Security)	\$ -	
1040 Excluded Foreign Income	\$ -	
Dependent #2 Over Filing Threshold *		
1040 Line 37 (AGI)		\$ -
1040 Line 8b (Tax-Exempt Interest)		\$ -
1040 Line 15a (Total Social Security)		\$ -
1040 Line 15b (Taxable Social Security)		\$ -
1040 Excluded Foreign Income		\$ -
Dependent #3 Over Filing Threshold *		
1040 Line 37 (AGI)		\$ -
1040 Line 8b (Tax-Exempt Interest)		\$ -
1040 Line 15a (Total Social Security)		\$ -
1040 Line 15b (Taxable Social Security)		\$ -
1040 Excluded Foreign Income		\$ -

If Only ONE Spouse is Eligible for Employer Insurance, Enter That Person Here.

	January	February	March	April	May	June	July	August	September	October	November	December
Lowest Cost Self-Only Employer Insurance	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33
Lowest Cost Family Employer Insurance	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00

ONLY use if BOTH Spouses are Eligible for Employer Insurance

Spouse's Employer Lowest Cost Self-Only Employer Insurance	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33
Spouse's Employer Lowest Cost Family Employer Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lowest Cost Family Plan if Two Employers Offer Family Insurance	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	

Monthly boxes are ONLY used if (1) taxpayer changed employers or (2) employer's insurance rates changed mid-year.

Exemption and Hardship Chart

	Full Year	January	February	March	April	May	June	July	August	September	October	November	December
Taxpayer Exempt?	Full Year Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G
Spouse Exempt?	Full Year Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G
Taxpayer's Dependents Exempt?	Full Year Code A	Code A	Code A	Code A	Code A	Code A	Code A	Code A	Code A	Code A	Code A	Code A	Code A

Only Fill Out if Somebody is NOT Eligible for Employer Insurance ***

Number of Exemptions Claimed on Tax Return	January	February	March	April	May	June	July	August	September	October	November	December
Lowest Price Bronze FAMILY Healthcare Marketplace Insurance ***	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Second Lowest Cost Silver Family Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hypothetical Premium Tax Credit Exempt?	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

This gives you the answer.



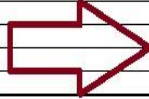
*** = Please Look at Any Attached Comments.

OPTIONAL: Conversion Worksheet to Monthly Insurance Premiums

Pay Period	Employee 1 ***	Employee 4	Employee 2 ***	Employee 3
	Self-Only	Family Plan	Self-Only	Family Plan
Weekly	\$ -	\$ -	\$ -	\$ -
Bi-Weekly	\$ 200.00	\$ 300.00	\$ 200.00	\$ -
Bi-Monthly				
Monthly	\$ 433.33	\$ 650.00	\$ 433.33	\$ -

If only PART of the family has access to employer insurance (including a family plan), fill out Column C, the Blue boxes (one entry per column) and the Bottom Yellow boxes in Column G.

*** For INSTRUCTIONS, etc., Click Here ***



Taxpayer	
1040 Line 37 (AGI)	\$ 70,000
1040 Line 8b (Tax-Exempt Interest)	\$ -
1040 Line 15a (Total Social Security)	\$ -
1040 Line 15b (Taxable Social Security)	\$ -
1040 Excluded Foreign Income	\$ -
Annual Pre-tax Insurance Premiums PAID (if any)	\$ -

If Only ONE Spouse is Eligible for Employer Insurance, Enter That Person Here.

	January	February	March	April	May	June	July	August	September	October	November	December
Lowest Cost Self-Only Employer Insurance	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33
Lowest Cost Family Employer Insurance	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00

ONLY use if BOTH Spouses are Eligible for Employer Insurance

Spouse's Employer Lowest Cost Self-Only Employer Insurance	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33	\$ 433.33
Spouse's Employer Lowest Cost Family Employer Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lowest Cost Family Plan if Two Employers Offer Family Insurance	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00

Exemption and Hardship Chart

	Full Year	January	February	March	April	May	June	July	August	September	October	November	December
Taxpayer Exempt?	Full Year Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G
Spouse Exempt?	Full Year Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G	Code G
Taxpayer's Dependents Exempt?	Full Year Code A	Code A	Code A	Code A	Code A	Code A	Code A	Code A	Code A	Code A	Code A	Code A	Code A

Only Fill Out if Somebody is NOT Eligible for Employer Insurance ***

Number of Exemptions Claimed on Tax Return													
	January	February	March	April	May	June	July	August	September	October	November	December	
Lowest Price Bronze FAMILY Healthcare Marketplace Insurance ***	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Second Lowest Cost Silver Family Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Hypothetical Premium Tax Credit Exempt?	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

This gives you the answer.

