

HDAP & the MA Health Connector: Understanding Premium Tax Credits & Tax Reconciliation

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David Huckle

Health Insurance Enrollment
Specialist & SHINE Counselor
BRIDGE Team
Community Research Initiative



*BRIDGE = Benefits, Resources, & Infectious Disease
Guidance & Engagement*

HDAP BRIDGE Team

(Benefits Resources Infectious Disease Guidance & Engagement)

Training and Technical Assistance:

- Train case managers, financial benefits staff, other providers, peer advocates, and consumers
- Provide individualized HDAP and insurance navigation assistance to clients and case managers
- Webinars and Q&A sessions
- Reviewing the most effective ways to communicate changes in health insurance and benefits programs to provider and consumer populations
- “Did you know...” information and tips email communications series

Overview

- Review of Premium Tax Credits (PTCs)
- PTC-Related Tax Forms and Reconciliation
- HDAP/CHII Requirements for PTCs:
 - Paying PTC adjustments to the IRS on behalf of clients
 - Collecting PTC-related refunds from clients
- Examples of Reconciliation Calculations
- Additional Guidance and Resources

Premium Tax Credits (PTCs)

What are Premium Tax Credits (PTCs)?

- Premium Tax Credits are subsidies that lower the cost of health insurance premiums for individuals and families who purchase insurance through the MA Health Connector.
- The amount of PTCs a household receives in advance is based on the projected annual household income they estimate for the upcoming plan year and report on their Health Connector application.

Eligibility Requirements for PTCs

Clients may be eligible for PTCs if they:

- 1) Have insurance through the MA Health Connector. PTCs are not available for insurance administered through other sources, such as an employer or government agency MassHealth or Medicare.
- 2) Have a projected *household* income between 100% and 400% FPL (between \$12,760-\$51,040* for an individual);
- 3) Agree to file taxes (if married must file jointly except in specific circumstances) and reconcile any PTCs they receive.
- 4) Cannot be claimed as a dependent by someone else.

**2020 FPL rates. For tax year 2021, the IRS is using 2020 FPL rates*

CHII Requirements for Receiving PTCs

- 1) CHII clients who receive insurance through the Health Connector must apply for and accept all subsidies available to them, including PTCs or ConnectorCare.
- 2) PTCs can be received in advance, on a monthly basis, throughout the year, or as a lump sum at the end of the year. **CHII clients are required to receive PTCs in advance** throughout the year. PTCs received in advance are referred to as **Advance PTCs (APTCs)**.
- 3) APTCs are paid by the IRS to the Health Connector each month, reducing the cost of insurance premiums due each month.

APTCs Reconciliation Overview

APTCs Reconciliation is done by comparing two figures:

- 1) The total amount of APTCs a household received during the tax year, based on the projected household income estimated for the year and reported to the MA Health Connector.
- 2) The total amount of PTCs that the household *actually* qualified for during that year, based on the household's actual income for that year.

If there is a difference between these, this will affect the amount that will be refunded from or owed back to the IRS.

APTCs Reconciliation Process & Terminology

- If your actual income for the tax year was **more than what you estimated your income would be**, then the government has given you more money in APTCs than you were eligible for during the year. You will have to pay the IRS back the amount of money given to you in excess of what you were eligible for. This money owed to IRS is referred to as **Excess APTCs** by the IRS.
- If your actual income for the tax year was **less than what you estimated your income would be**, the government gave you less money in APTCs than you were eligible for during the year, and they will give you the money you were eligible for, but have not yet received, in the form of a refundable tax credit when you file your taxes for that year. This money refunded to you is referred to as **Net PTCs** by the IRS.

Why does this matter?

- When a client receives APTCs, which lower the cost of their monthly health insurance premium, the client is required to file their taxes and **reconcile** this amount during tax filing.
- If clients who received APTCs do not file their taxes for that year or they do not reconcile their APTCs, they will lose access to subsidized insurance through the Health Connector in the future, including ConnectorCare and PTCs.

HRSA/HAB Policy on Tax Credit Reconciliation (PCN 14-01)

AIDS Drug Assistance Programs (ADAPs) are required by HRSA to “vigorously pursue any excess premium tax credit a client receives from the IRS” owed to the ADAP.

ADAPs are able to pay Marketplace health-insurance-related tax payments owed to the IRS on behalf of eligible ADAP clients.

The Premium Tax Credit Cycle

November – January
Open Enrollment Plan Selection + initial APTC calculated

Consider Plan Options with Case Manager + BRIDGE

April – October
Late filing period; federal refunds processed

January - February
Health Connector sends out 1095-A for prior year

Work with Case Manager or Tax Preparer

April 19
Federal Income Tax Returns Due (Including Form 8962)

File your taxes by the deadline and pay any taxes due

Send copy of your APTCs-related tax documents to BRIDGE

Clients Must Pay the IRS All Taxes Owed

- Clients should pay the IRS all taxes owed, **including those due to Excess APTCs, by the tax filing deadline**, to avoid any penalties. Clients may request to set up a payment plan with the IRS if they cannot afford to pay the IRS when they file.
- HDAP/CHII can only make payment to the IRS on a client's behalf for Excess APTCs **after** the client's taxes have been filed. HDAP/CHII cannot pay any late payment penalties.
- Clients should submit their tax forms to BRIDGE for review **only after the client has filed their taxes.**

Reconciliation Process: Important Considerations



If clients received APTCs (including for ConnectorCare) in prior tax years and have not filed their taxes and reconciled the APTCs they received:

- **They will not be eligible for APTCs or ConnectorCare in 2022 or future years**

-AND-

- The IRS may contact them to **pay back** some or all of the APTCs they received during those years.

APTCs-related Tax Forms and Reconciliation

Required Documents for APTCs Reconciliation

Tax Forms	Purpose	Origin
1095-A – Health Coverage through the MA Health Connector	Verifies type and period of coverage for 2021, premium amounts, and APTCs applied	MA Health Connector – Sent out each January
Form 8962 – Premium Tax Credit	Adjusts total tax credit amount by comparing projected and actual income	IRS – Must be filled out using the 1095-A
Instructions for Form 8962	Instructions required to complete Form 8962	IRS – Available online
★ 1040 – US Individual Income Tax Return	Required Tax Document	IRS - Must be filled out by all APTC recipients



Tax Forms and the Reconciliation Process

Step 1: Receive Form 1095-A

From the MA Health Connector, includes:

- A. monthly premium amount;
- B. the monthly premium amount of the second-lowest-cost silver plan (the benchmark federal government uses to determine how much a person will receive in APTCs)
- C. the amount you received in APTCs every month.

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			
22 February	A	B	C
23 March			

Tax Forms: Form 8962

Step 2: Complete Form 8962

When you file your federal taxes, use information from the **1095-A** and **IRS Form 1040** to fill out **IRS Form 8962**. This compares the amount received in APTCs to the amount that you were entitled to receive based on the income you report on your federal tax return for 2021. This screenshot shows the top of the form 8962.

Form 8962		Premium Tax Credit (PTC)		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service		▶ Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form8962 for instructions and the latest information.		2021 Attachment Sequence No. 73	
Name shown on your return			Your social security number		
<p>A. If you, or your spouse (if filing a joint return), received, or were approved to receive, unemployment compensation for any week beginning during 2021, check the box. See instructions ▶ <input type="checkbox"/></p> <p>B. 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 ▶ <input type="checkbox"/></p>					
Part I Annual and Monthly Contribution Amount					
1 Tax family size. Enter your tax family size. See instructions			1		
2a Modified AGI. Enter your modified AGI. See instructions			2a		
b Enter the total of your dependents' modified AGI. See instructions			2b		
3 Household income. Add the amounts on lines 2a and 2b. See instructions			3		
4 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. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input type="checkbox"/> Other 48 states and DC			4		
5 Household income as a percentage of federal poverty line (see instructions)			5		%
6 Reserved for future use					
7 Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions			7		
8a Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount		8a		b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	
				8b	

To complete this form, you must use the table provided in "Instructions for Form 8962" for the corresponding tax year



Tax Forms: Form 8962, continued

Step 2: Complete Form 8962

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 premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
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 premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C)
12 January						
13 February						
14 March						
15 April	A	B	Copy amounts from columns A, B, and C on the 1095-A into this table on Form 8962			C
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						

24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24
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
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 (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
28 Repayment limitation (see instructions)	28
29 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29

Tax Forms and the Reconciliation Process

Step 2 Continued: Form 8962

Finally, record the amount owed to you as a refund (on line 26) or the excess payment you owe back to the IRS (line 29).

Line 26 Net premium tax credit will tell you if you'll receive a refund from the IRS.

IRS Form 8962

24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	
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	
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 (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	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	

Line 29 Excess advance payment of PTC will tell you if you'll owe an amount to the IRS.

Tax Forms and the Reconciliation Process

Step 3: Putting It Together on the Federal Tax Return

Clients reconciling their APTCs will need to use either the Schedule 2 or Schedule 3 of Form 1040 and include it in their tax return when they file taxes.

Schedule 2 (Form 1040)

SCHEDULE 2 (Form 1040)	Additional Taxes	OMB No. 1545-0074
Department of the Treasury Internal Revenue Service	▶ Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information.	2021 Attachment Sequence No. 02
Name(s) shown on Form 1040, 1040-SR, or 1040-NR		Your social security number
Part I Tax		
1	Alternative minimum tax. Attach Form 6251	1
2	Excess advance premium tax credit repayment. Attach Form 8962	2
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . .	3



If you have an amount on IRS Form 8962 Line 29, copy that amount onto Schedule 2 (Form 1040) Line 2: Excess advance premium tax credit repayment.

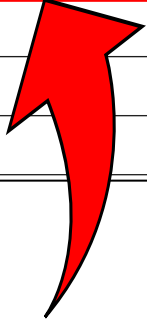
Tax Forms and the Reconciliation Process

Step 3: Putting It Together on the Federal Tax Return

Schedule 3 (Form 1040)

Schedule 3 (Form 1040) 2021 Page 2

Part II Other Payments and Refundable Credits	
9 Net premium tax credit. Attach Form 8962	9
10 Amount paid with request for extension to file (see instructions)	10
11 Excess social security and tier 1 RRTA tax withheld	11
12 Credit for federal tax on fuels. Attach Form 4136	12



If you have an amount on IRS Form 8962 Line 26, put that amount onto Schedule 3 (Form 1040) Line 9: Net premium tax credit.

Tax Forms and the Reconciliation Process

Step 3: Putting It Together on the Federal Tax Return

- The front of the 2021 IRS Form 1040 contains questions 1-15; the back contains questions 16-38.

Form 1040 (2021)		Page 2	
16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
▶ b	Routing number	▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
▶ d	Account number		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Your signature	Date	Your occupation
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		Date
			Spouse's occupation
	Phone no.	Email address	
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date
	Firm's name ▶		PTIN
	Firm's address ▶		Check if: <input type="checkbox"/> Self-employed
			Phone no.
			Firm's EIN ▶

Tax Forms and the Reconciliation Process

Step 3: Putting It Together on the Federal Tax Return

IRS Form 1040 includes specific line items for the total amounts from Schedule 2 and Schedule 3. These get factored into the overall income tax calculations that determine how much you owe for income taxes.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16
17	Amount from Schedule 2, line 3	17
18	Add lines 16 and 17	18
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19
20	Amount from Schedule 3, line 8	20
21	Add lines 19 and 20	21
22	Subtract line 21 from line 18. If zero or less, enter -0-	22
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23
24	Add lines 22 and 23. This is your total tax	24
25	Federal income tax withheld from:	
a	Form(s) W-2	25a
b	Form(s) 1099	25b
c	Other forms (see instructions)	25c
d	Add lines 25a through 25c	25d
26	2021 estimated tax payments and amount applied from 2020 return	26
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a
b	Nontaxable combat pay election	27b
c	Prior year (2019) earned income	27c
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28
29	American opportunity credit from Form 8863, line 8	29
30	Recovery rebate credit. See instructions	30
31	Amount from Schedule 3, line 15	31
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32
33	Add lines 25d, 26, and 32. These are your total payments	33

If you have a qualifying child, attach Sch. EIC.

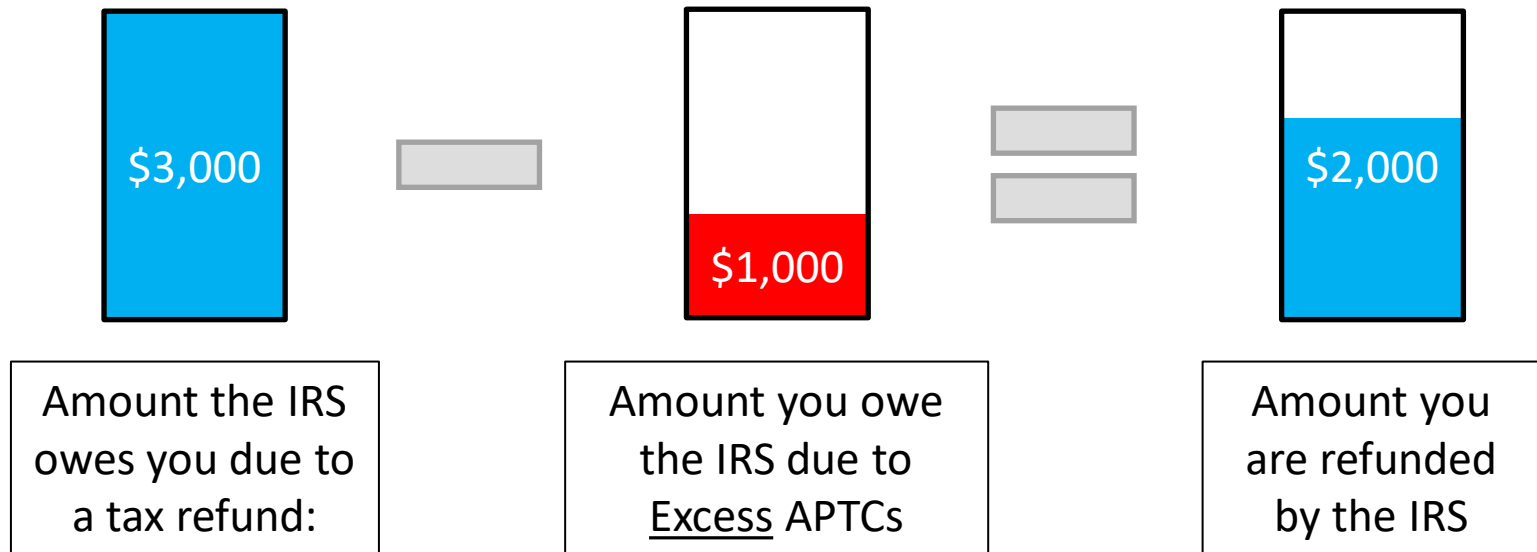
If you have an amount on **Schedule 2 Line 3** for Excess APTCs, put that amount on Form 1040 **Line 17**.

If you have an amount on **Schedule 3 Line 15** for Net PTCs, put that amount on Form 1040 **Line 31**.

Tax Forms and the Reconciliation Process

Tax liabilities (money you owe) and refunds (money owed to you) are assessed in total

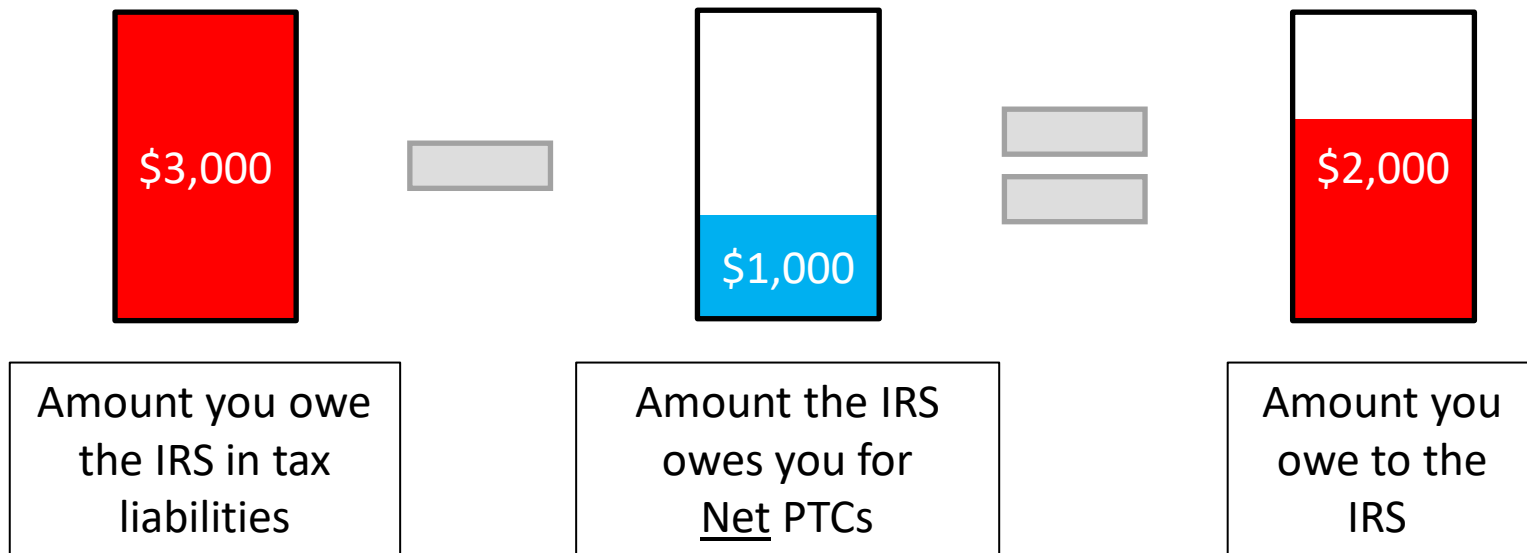
If you **owe the IRS** because of a premium tax credit overpayment (**Excess APTC**), the IRS will take the payment directly from your income tax refund if you are due to receive one:



Tax Forms and the Reconciliation Process

Tax liabilities (money you owe) and refunds (money owed to you) are assessed in total

If the IRS owes you a refund because of a premium tax credit underpayment (**Net PTC**), the IRS will first look to whether you owe other taxes for that year and apply the refund to those liabilities first, before issuing you a refund payment.



HDAP/CHII Requirements for Reconciling APTCs

CHII Requirements for PTCs: *Agreement Regarding Reconciliation of Premium Tax Credits*

- Clients receiving premium assistance from CHII who received APTCs must **sign, date, and return this agreement** to the BRIDGE Team along with their tax forms.

Massachusetts
HIV DRUG ASSISTANCE PROGRAM

Agreement Regarding Reconciliation of Premium Tax Credits – Tax Year 2021

Please sign, date, and return this form immediately.
FAX this form to (617) 502-1703, MAIL it to: CRI, ATTN: BRIDGE Team, Schrafft's City Center, 529 Main Street, Suite 301, Boston, MA 02129, or EMAIL it securely to: BRIDGEteam@crine.org.

REQUIRED

I, (Name) _____, agree to make payment to Community Research Initiative (CRI) for any federal tax refund I receive from the Internal Revenue Service (IRS) for Net Premium Tax Credits (PTCs), or a portion of it, resulting from health insurance premium payments made on my behalf by the Massachusetts HDAP/CHII program during tax year 2021.

I understand that this portion of my tax refund due to Net PTCs is the sole property of the HDAP/CHII program, which expects to receive payment within 10 days of my having received the refund from the IRS.

I also authorize HDAP/CHII to make a payment to the IRS on my behalf if I owe money to the IRS due to Excess Advance PTCs, as a result of overpayment of Advance PTCs due to underestimating my 2021 income, and I have provided them with the required documentation.

By signing below, I agree to these terms and conditions.

Signature: _____ Date: _____

Please contact the BRIDGE Team with questions: BRIDGEteam@crine.org, or (617) 502-1700, press "1", then press "5".

This program is supported by funds from the U.S. Health Resources and Services Administration and the Massachusetts Department of Public Health, and is administered by Community Research Initiative.

CHII Requirements for PTCs:

Agreement Regarding Reconciliation of Premium Tax Credits

- Client agrees to send HDAP/CHII any refund from the IRS related to APTC underpayment.
- If client owes CRI for Net PTCs: Payment of this refund to CRI may be made in the form of check or money order and is expected within 10 days of receipt of the refund from the IRS.
- If client owes IRS for Excess PTCs: Client provides authorization for CRI to make payment to the IRS on their behalf (client can opt out).
 - Client must pay this to IRS when it is due to avoid a penalty or request a payment plan from the IRS if they cannot afford to pay.
 - If CRI makes payment for client, client will be refunded later that year.

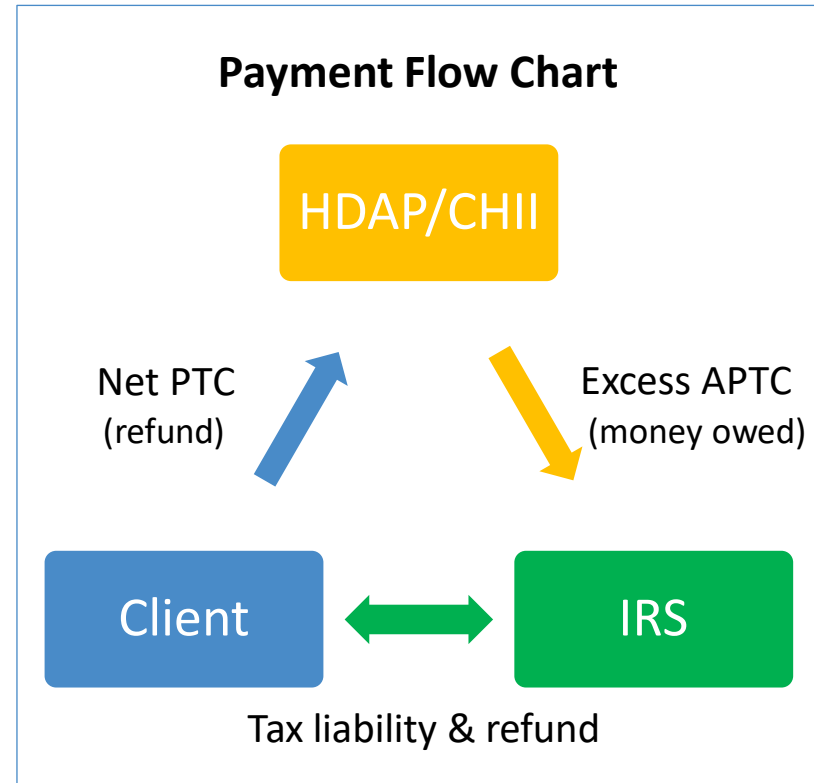
Clients must submit Tax Forms to HDAP/CHII after filing their taxes

After filing their taxes, CHII enrollees who received premium tax credits for that year must submit copies of the following federal tax forms to HDAP/CHII:

- IRS Form 1040** (both sides of 1-pager)
 - **IRS Schedule 2 (Form 1040)** if they have Excess repayment of premium tax credits **OR**
 - **IRS Schedule 3 (Form 1040)** if they have Net premium tax credits.
- IRS Form 8962: Premium Tax Credit**
- HC Form 1095-A** – mailed to client from MA Health Connector

PTCs Reconciliation Payments Flow Chart

- If a client owes money to the IRS because they received too much in APTCs (Excess APTC), the client must pay this to the IRS when they file taxes. HDAP/CHII can pay this amount directly to the IRS on the client's behalf after they file and pay, and the IRS will then reimburse the client for that amount.
- If a client gets a refund from the IRS because they received too little APTCs (Net PTC) during the year, the portion of the client's refund that is given due to Net PTCs must be paid by the client to HDAP/CHII.
- Payments to or from HDAP/CHII are only applicable for the months for which HDAP/CHII paid a client's insurance premium.



Examples of APTCs Reconciliation Including Calculations & Completion of Tax Forms

Reconciliation Process Example #1: Reconciling Sophia's 2021 APTCs

- Sophia, a single tax filer enrolled in HDAP/CHII, **estimated** on her MA Health Connector application at the beginning of 2021 that her annual income for 2021 would be **\$30,000**.
- Based on that estimate, she was approved for **\$200** a month in APTCs.
- She enrolled in a plan with a **\$350** premium through the MA Health Connector effective 1/1/2021; CHII paid **\$150** of her monthly premiums for **12 months**, while the other \$200 was covered by APTCs.
- When it comes time to file 2021 taxes, suppose Sophia finds out that she ***actually*** made **\$34,000** in 2021...

Example #1: Income Underestimated

Form 8962 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Premium Tax Credit (PTC)</h2> <p style="margin: 0;">▶ Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form8962 for instructions and the latest information.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2021</h1> Attachment Sequence No. 73	
Name shown on your return Sophia Client		Your social security number 123-45-6789	
<p>A. If you, or your spouse (if filing a joint return), received, or were approved to receive, unemployment compensation for any week beginning during 2021, check the box. See instructions. ▶ <input type="checkbox"/></p> <p>B. 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. ▶ <input type="checkbox"/></p>			
Part I Annual and Monthly Contribution Amount			
1 Tax family size. Enter your tax family size. See instructions.		1	
2a Modified AGI. Enter your modified AGI. See instructions	2a		
b Enter the total of your dependents' modified AGI. See instructions	2b		
3 Household income. Add the amounts on lines 2a and 2b. See instructions		3	\$34,000
4 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. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input type="checkbox"/> Other 48 states and DC		4	\$12,760
5 Household income as a percentage of federal poverty line (see instructions)		5	266 %
6 Reserved for future use			
7 Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions		7	0.0464
8a Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a		\$1,578
b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b		\$132



Actual Household Income for 2021
(from Form 1040, see Form 8962 instructions)

Found by matching FPL%
in Table 2 in Form 8962
Instructions

Example #1: Income Underestimated

Form 1095-A Department of the Treasury Internal Revenue Service	Health Insurance Marketplace Statement	<input type="checkbox"/> VOID	OMB No. 1545-2232
		<input type="checkbox"/> CORRECTED	
<p>▶ Do not attach to your tax return. Keep for your records.</p> <p>▶ Go to www.irs.gov/Form1095A for instructions and the latest information.</p>		2021	

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	\$350	\$300	\$200
22 February	\$350	\$300	\$200
23 March	\$350	\$300	\$200



lines will continue for each month of the year

A

Copy monthly enrollment premiums from 1095-A column A to 8962 lines 12-23 column (a)

B

Copy monthly SLCSP premiums from 1095-A column B to 8962 lines 12-23 column (b)

C

Copy monthly APTC from 1095-A column C to 8962 lines 12-23 column (f)

Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

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 premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)	
11 Annual Totals	\$4,200	\$3,600	\$1,578	\$2,022	\$2,022	\$2,400	
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 premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C)	
12 January	\$350	\$300	\$132	\$168	\$168	\$200	
13 February	\$350	\$300	\$132	\$168	\$168	\$200	
14 March	\$350	\$300	\$132	\$168	\$168	\$200	
15 April	\$350	\$300	\$132	\$168	\$168	\$200	
16 May	\$350	\$300	\$132	\$168	\$168	\$200	
17 June	\$350	\$300	\$132	\$168	\$168	\$200	
18 July	\$350	\$300	\$132	\$168	\$168	\$200	
19 August	\$350	\$300	\$132	\$168	\$168	\$200	
20 September	\$350	\$300	\$132	\$168	\$168	\$200	
21 October	\$350	\$300	\$132	\$168	\$168	\$200	
22 November	\$350	\$300	\$132	\$168	\$168	\$200	
23 December	\$350	\$300	\$132	\$168	\$168	\$200	
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here						24	\$2,022
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	\$2,400
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 (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	\$378
28 Repayment limitation (see instructions)	28	\$800
29 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	\$378

Example #1: Income Underestimated

Schedule 2 (Form 1040)

SCHEDULE 2 (Form 1040) Department of the Treasury Internal Revenue Service	Additional Taxes ▶ Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information.		OMB No. 1545-0074 2021 Attachment Sequence No. 02
	Name(s) shown on Form 1040, 1040-SR, or 1040-NR		Your social security number
Part I Tax			
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	\$378
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . .	3	



Take the amount on IRS Form 8962 Line 29 (\$378) and put that amount onto Schedule 2 (Form 1040) Line 2: Excess advance premium tax credit repayment.

Example #1: Income Underestimated

Form 1040, Page 2

Form 1040 (2021)		Page 2
16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16
17	Amount from Schedule 2, line 3	17
18	Add lines 16 and 17	18
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19
20	Amount from Schedule 3, line 8	20
21	Add lines 19 and 20	21
22	Subtract line 21 from line 18. If zero or less, enter -0-	22
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23
24	Add lines 22 and 23. This is your total tax	24
25	Federal income tax withheld from:	
a	Form(s) W-2	25a
b	Form(s) 1099	25b
c	Other forms (see instructions)	25c
d	Add lines 25a through 25c	25d
26	2021 estimated tax payments and amount applied from 2020 return	26
27a	Earned income credit (EIC)	27a
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	
b	Nontaxable combat pay election	27b
c	Prior year (2019) earned income	27c
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28
29	American opportunity credit from Form 8863, line 8	29
30	Recovery rebate credit. See instructions	30
31	Amount from Schedule 3, line 15	31
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32
33	Add lines 25d, 26, and 32. These are your total payments	33
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number	
36	Amount of line 34 you want applied to your 2022 estimated tax	36
37	Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37
38	Estimated tax penalty (see instructions)	38

Take the **\$378 Excess APTC** amount, add any other amounts from **Schedule 2**, and put the total amount (Line 3) on Form 1040 **Line 17**.

If you have a qualifying child, attach Sch. EIC.

Sophia enrolls in a plan through the MA Health Connector with both APTCs & HDAP/CHII Premium Assistance

	Monthly Amount	Who Pays/Who Gets Refunded
Monthly APTC (calculated at time of application)	\$200	The government pays this amount to the insurer each month
Premium Amount left after APTC	\$150	Normally, Sophia would be left to pay the remainder; but since she is a CHII client, HDAP/CHII pays the remaining amount on her behalf

Reconciliation: Did the consumer get the right amount of APTC each month?

Actual Premium Tax Credit Sophia was eligible for (calculated at tax time using Form 8962)	\$168	The IRS overpaid the APTC by \$32 every month for each of the 12 months Sophia had coverage. This results in an additional tax burden of \$378 (\$32 x 12 months*). HDAP/CHII can pay this amount to the IRS on Sophia's behalf.
Actual premium owed after APTC each month	\$182	
Amount owed at tax time due to overpayment	\$378	

Reconciliation Process Example #1: Reconciling Sophia's 2021 APTCs

After Sophia has filed her 2021 taxes and has submitted the following documents to HDAP/CHII:

- a copy of her 2021 federal income tax return, including her:
 - Form 1040
 - Schedule 2 for Excess APTCs,
 - Form 1095A,
 - IRS Form 8962
- a signed client authorization form,

HDAP/CHII will pay **\$378** to the IRS on Sophia's behalf.

Reconciliation Process Example #2: Reconciling Martin's 2021 APTCs

- Martin, a single tax filer, **estimated** on his MA Health Connector application at the beginning of 2021 that his annual income for 2021 would be \$30,000.
- Based on that estimate, he was approved for **\$200** a month in APTC.
- He enrolled in a plan with a **\$350** premium through the MA Health Connector effective 1/1/2021; CHII paid **\$150** of his monthly premiums for **12 months**, while the other \$200 was covered by APTCs.
- Suppose Martin ***actually*** made **\$27,000** in 2021...

Example #2: Income Overestimated

Form 8962, Page 1

Form 8962 Department of the Treasury Internal Revenue Service	Premium Tax Credit (PTC) ▶ Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form8962 for instructions and the latest information.	OMB No. 1545-0074 2021 Attachment Sequence No. 73	
Name shown on your return Martin Client		Your social security number 123-45-6789	
A. If you, or your spouse (if filing a joint return), received, or were approved to receive, unemployment compensation for any week beginning during 2021, check the box. See instructions. ▶ <input type="checkbox"/>			
B. 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. ▶ <input type="checkbox"/>			
Part I Annual and Monthly Contribution Amount			
1 Tax family size. Enter your tax family size. See instructions		1	
2a Modified AGI. Enter your modified AGI. See instructions	2a		
b Enter the total of your dependents' modified AGI. See instructions	2b		
3 Household income. Add the amounts on lines 2a and 2b. See instructions		3	\$27,000
4 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. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input type="checkbox"/> Other 48 states and DC		4	\$12,760
5 Household income as a percentage of federal poverty line (see instructions)		5	211 %
6 Reserved for future use			
7 Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions		7	0.0244
8a Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a		\$659
b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b		\$55



Actual Household Income for 2021
 (from Form 1040, see Form 8962 instructions)

Found by matching FPL%
 in Table 2 in Form 8962
 Instructions

Example #2: Income Overestimated

Form 1095-A Department of the Treasury Internal Revenue Service	Health Insurance Marketplace Statement	<input type="checkbox"/> VOID	OMB No. 1545-2232
		<input type="checkbox"/> CORRECTED	
<p>▶ Do not attach to your tax return. Keep for your records. ▶ Go to www.irs.gov/Form1095A for instructions and the latest information.</p>			

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	\$350	\$300	\$200
22 February	\$350	\$300	\$200
23 March	\$350	\$300	\$200



lines will continue for each month of the year

A

Copy monthly enrollment premiums from 1095-A column A to 8962 lines 12-23 column (a)

B

Copy monthly SLCSP premiums from 1095-A column B to 8962 lines 12-23 column (b)

C

Copy monthly APTC from 1095-A column C to 8962 lines 12-23 column (f)

8962 Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

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 premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	\$4,200	\$3,600	\$659	\$2,941	\$2,941	\$2,400
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 premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C)
12 January	\$350	\$300	\$55	\$245	\$245	\$200
13 February	\$350	\$300	\$55	\$245	\$245	\$200
14 March	\$350	\$300	\$55	\$245	\$245	\$200
15 April	\$350	\$300	\$55	\$245	\$245	\$200
16 May	\$350	\$300	\$55	\$245	\$245	\$200
17 June	\$350	\$300	\$55	\$245	\$245	\$200
18 July	\$350	\$300	\$55	\$245	\$245	\$200
19 August	\$350	\$300	\$55	\$245	\$245	\$200
20 September	\$350	\$300	\$55	\$245	\$245	\$200
21 October	\$350	\$300	\$55	\$245	\$245	\$200
22 November	\$350	\$300	\$55	\$245	\$245	\$200
23 December	\$350	\$300	\$55	\$245	\$245	\$200

A

B

C

24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	\$2,940
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	\$2,400
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 (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	\$540

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	
28 Repayment limitation (see instructions)	28	
29 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	

Example #2: Income Overestimated

Schedule 3, page 2 (Form 1040)

Schedule 3 (Form 1040) 2021		Page 2
Part II Other Payments and Refundable Credits		
9	Net premium tax credit. Attach Form 8962	9 \$540
10	Amount paid with request for extension to file (see instructions)	10
11	Excess social security and tier 1 RRTA tax withheld	11
12	Credit for federal tax on fuels. Attach Form 4136	12
13	Other payments or refundable credits:	
a	Form 2439	13a
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b
c	Health coverage tax credit from Form 8885	13c
d	Credit for repayment of amounts included in income from earlier years	13d
e	Reserved for future use	13e
f	Deferred amount of net 965 tax liability (see instructions)	13f
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h
z	Other payments or refundable credits. List type and amount ▶ _____	13z
14	Total other payments or refundable credits. Add lines 13a through 13z	14
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15

Put the amount from IRS Form 8962 Line 26, \$540, onto Schedule 3 Form 1040 Line 9: Net premium tax credit.

Example #2: Income Overestimated

Form 1040, Page 2

Form 1040 (2021)		Page 2	
16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> . . .	16	
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax ▶	24	
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC)	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶ <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	\$540
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits ▶	32	
33	Add lines 25d, 26, and 32. These are your total payments ▶	33	
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	35a	
▶ b	Routing number ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d	Account number		
36	Amount of line 34 you want applied to your 2022 estimated tax ▶	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions ▶	37	
38	Estimated tax penalty (see instructions) ▶	38	

If you have a qualifying child, attach Sch. EIC.

Take the **\$540 Net PTC** amount, add any other amounts from **Schedule 3**, and put the total amount (Line 15) on Form 1040 **Line 31**.

Martin enrolls in a plan through the MA Health Connector with both Advance Premium Tax Credits & HDAP/CHII Premium Assistance

	Monthly Amount	Who Pays/Who Gets Refunded
Monthly APTC (calculated at time of application)	\$200	The government pays this amount to the insurer each month
Premium Amount left after APTC	\$150	Normally, Martin would be left to pay the remainder; but since he is a CHII client, HDAP/CHII pays the remaining amount on his behalf

Reconciliation: Did the consumer get the right amount of APTC each month?

Actual Premium Tax Credit (calculated at tax time using Form 8962)	\$245	The IRS underpaid the APTC by \$45 every month for each of the 12 months Martin had coverage. This results in additional tax credits of \$540 (\$45 x 12 months). Martin must refund this amount to HDAP/CHII.
Actual premium owed after APTC each month	\$105	
Amount of additional Tax Credits awarded due to underpayment	\$540	

Reconciliation Process Example #2: Reconciling Martin's 2021 APTCs

After Martin has filed his 2021 taxes and has submitted the following documents to HDAP/CHII:

- a copy of his 2021 federal income tax return, including his:
 - Form 1040
 - Schedule 3 for Net PTC,
 - Form 1095A,
 - IRS Form 8962
- a signed client authorization form,
- Martin will receive a check/deposit for **\$540 (or greater)** from the IRS.
- Martin will need to send a check or money order for **\$540** to HDAP/CHII.

Additional Guidance & Resources

How to Minimize Excess APTCs Owed to IRS or Net PTCs Owed to HDAP/CHII in Future Years

Report life changes to the MA Health Connector as they occur. Life changes may change the amount of APTC a client receives and reporting them promptly may prevent large tax credit adjustments at the end of the year. Changes in income will change the amount of APTC a client receives.

- “Life changes” include, among others,:
 - **Changes in income;**
 - Changes in health coverage eligibility, such as becoming newly eligible for Medicare;
 - Changes to one’s household, like birth or adoption, becoming pregnant, and marriage or divorce.

Tax Credit Opportunities for Clients

Refer clients to: www.FindYourFunds.org

This MA-based resource explains how people can claim:

- 2021 Child Tax Credit (more funds available, but must be claimed)
- COVID Stimulus Payment in 2021 (or those from 2020)
- Earned Income Tax Credit (federal and state)
- Special Considerations for Immigrants on Claiming Tax Credits

Free Tax Prep Resources in Massachusetts

- **Volunteer Income Tax Assistance (VITA) Program – *Multiple Locations in Mass***
 - Free tax assistance for those earning less than \$57,000, the elderly, persons with disabilities, and limited-English speaking taxpayers
 - Find Locations here: <https://irs.treasury.gov/freetaxprep/>
 - Additional locations here: <https://www.masscap.org/freetaxprep/>
 - **Greater Boston Legal Services Low Income Tax Clinic**
 - Main office: 197 Friend Street, Boston, MA 02114
 - 800-323-3205; 617-371-1234; www.gbls.org
 - **Springfield Partners Low Income Tax Clinic**
 - 721 State Street, Springfield, MA 01109
 - 413-263-6500, www.springfieldpartnersinc.com/income-tax-assistance/low-income-taxpayer-clinic-litc/
- BRIDGE Team**
- Advises active HDAP/CHII clients on reconciliation process & checks Form 8962 for accuracy
 - Will pay portion of tax burden incurred as a result of Excess APTCs to the IRS, as appropriate

APTCs-related Tax Forms: Tax Year 2021

- ❑ **IRS Form 8962:** www.irs.gov/pub/irs-pdf/f8962.pdf
- ❑ **Instructions for IRS Form 8962:** <https://www.irs.gov/pub/irs-pdf/i8962.pdf>
- ❑ **IRS Form 1040** (both sides of 1-pager): www.irs.gov/pub/irs-pdf/f1040.pdf
- ❑ **IRS Schedule 2 (Form 1040):** www.irs.gov/pub/irs-pdf/f1040s2.pdf if they have Excess repayment of premium tax credits **OR**
- ❑ **IRS Schedule 3 (Form 1040):** www.irs.gov/pub/irs-pdf/f1040s3.pdf if they have Net premium tax credit.
- ❑ **HC Form 1095A** – mailed from MA Health Connector
 - 1-877-623-6765 (call for copy to be mailed)
 - www.mahealthconnector.org/taxes/tax-form-copies-and-corrections (log into their account and follow download instructions)

**This webinar has been recorded and will be available as a webcast along with the slide deck on CRI's website:
www.crine.org**

How to Contact Us

David Huckle

BRIDGE Health Insurance Enrollment Specialist
dhuckle@crine.org
P. 617.502.1744

BRIDGE Team

P. 617.502.1700 follow prompts press 1 and then press 5
BRIDGETeam@crine.org
Secure Email System Instructions: crine.org/contact
Client Tax Forms Should Be Emailed Securely

**Massachusetts HIV Drug Assistance Program
c/o CRI of New England
The Schrafft's City Center
529 Main Street, Suite 301
Boston, MA 02129**

www.crine.org

P. 617.502.1700

P. 800.228.2714 (toll-free)

