

## Schedule HC Worksheets and Tables

Following are the necessary worksheets you may need to complete your 2022 Schedule HC. Retain these worksheets for your records. Do *not* submit these with your tax return.

### Schedule HC Worksheet for Line 6: Federal Poverty Level

1. Enter your federal adjusted gross income from Schedule HC, line 2 **1**
2. Enter the income amount that corresponds to your family size (as entered on Schedule HC, line 1c) from the 150% FPL column from Table 1 ..... **2**

If line 1 is less than or equal to line 2, your income in 2022 was at or below 150% of the Federal Poverty Level and the penalty does not apply to you in 2022. Fill in the Yes oval in line 6 of Schedule HC, skip the remainder of Schedule HC and continue completing your tax return.

If line 1 is greater than line 2, your income in 2022 was above 150% of the Federal Poverty Level. Fill in the No oval in line 6 of Schedule HC and go to line 7 of Schedule HC.

**Table 1: Federal Poverty Level, Annual Income Standards**

Family size*	150% FPL
1	\$19,320
2	\$26,130
3	\$32,940
4	\$39,750
5	\$46,560
6	\$53,370
7	\$60,180
8	\$66,990
additional	+\$ 6,810

**\*Include only yourself, your spouse (if living in the same household at any point during the year), and any dependents as claimed on Form 1, line 2b or Form 1-NR/PY, line 4b. If married filing separately and living in the same household at any point during the year, include all dependents claimed by you and your spouse.**

**Schedule HC Worksheet for Line 10: Eligibility for Employer-Sponsored Insurance That Met Minimum Creditable Coverage**

The following worksheet will determine if you could have afforded employer-sponsored health insurance that met Minimum Creditable Coverage in 2022 (the employer's Human Resources Department should be able to provide this information to you). Complete only if you (and/or your spouse if married filing jointly) were eligible for insurance that met Minimum Creditable Coverage offered by an employer for the entire period you were uninsured in 2022 that covered you, and your spouse and dependent children, if any. If an employer did not offer health insurance that met Minimum Creditable Coverage that covered you, and your spouse and dependent children, if any, or if you were not eligible for insurance that met Minimum Creditable Coverage offered by an employer, you were self-employed or you were unemployed, fill in the No oval(s) in line 10 of Schedule HC and complete the Schedule HC Worksheet for Line 11 on page HC-8.

**Note:** If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blank ovals in a row during the period that the mandate applied on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return. Be sure to enclose Schedule HC with your return. If an employer offered you free health insurance coverage in 2022 that met Minimum Creditable Coverage (the employer's Human Resources Department should be able to provide this information to you), you are deemed able to afford health insurance and are subject to a penalty. Fill in the Yes oval(s) in line 10 of Schedule HC and go to the Health Care Penalty Worksheet on page HC-11.

**1.** Enter your federal adjusted gross income from U.S. Form 1040, line 11 . . . . . **1**

**If line 1 is less than or equal to:** \$19,320 if single or married filing separately with no dependents; \$26,130 if married filing jointly with no dependents or head of household/married filing separately with one dependent; or \$32,940 if married filing jointly with one or more dependents or head of household/married filing separately with two or more dependents, you are deemed unable to afford employer-sponsored health insurance that met Minimum Creditable Coverage requiring an employee contribution. Fill in the No oval(s) in line 10 of Schedule HC. Skip the remainder of this worksheet and go to the Schedule HC Worksheet for Line 11 on page HC-8.

**If line 1 is more than:** \$19,320 if single or married filing separately with no dependents; \$26,130 if married filing jointly with no dependents or head of household/married filing separately with one dependent; or \$32,940 if married filing jointly with one or more dependents or head of household/married filing separately with two or more dependents, **go to line 2.**

**2.** Enter the lowest monthly premium cost of health insurance that would cover you, and your spouse and dependent children, if any, offered to you during your uninsured period in 2022 through an employer. The employer's Human Resources Department should be able to provide this amount to you . . . . . **2**

**3.** Enter the affordable premium as a percentage of income that corresponds with your income range (from line 1 of worksheet) and filing status from Table 3: Affordability on page HC-10. To find this amount, look at the row for your income range in col. a of the appropriate table based on your filing status and go to column b to find the percentage. . . . . **3**

**4.** Multiply 1 by line 3 . . . . . **4**

**Note:** When you multiply by a percentage, move the decimal point two places to the left first. For example, if your percentage is 7.40%, multiply your income by 0.0740.

**5.** Divide line 4 by 12 to calculate the monthly premium considered affordable to you. . . . . **5**

**If line 2 is less than or equal to line 5:** you are deemed able to afford employer-sponsored health insurance that met Minimum Creditable Coverage during your uninsured period(s), which you did not obtain, and you are subject to a penalty. Fill in the Yes oval(s) in line 10 of Schedule HC, and go to the Health Care Penalty Worksheet on page HC-11.

**If line 2 is greater than line 5:** you could not afford health insurance that met Minimum Creditable Coverage offered to you by your employer, fill in the No oval(s) in line 10 of Schedule HC, and complete the following Schedule HC Worksheet for Line 11 on page HC-8.

**Schedule HC Worksheet for Line 11: Eligibility for Government-Subsidized Health Insurance**

The following worksheet will determine if you were eligible for government-subsidized health insurance in 2022. Complete the following worksheet only if an employer did not offer you affordable health insurance that met Minimum Creditable Coverage requirements, as determined in the Schedule HC Worksheet for Line 10.

**Note:** If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blank ovals in a row during the period that the mandate applied on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this work sheet. Skip the remainder of Schedule HC and continue completing your return.

If married filing separately and living in the same household, each spouse must combine their income figures from their separate U.S. returns when completing this worksheet.

- 1. Enter your federal adjusted gross income from U.S. Form 1040, line 11. . . . . **1**
- 2. Enter the amount from the Income column, based on your family size. . . . . **2**

**If line 1 is greater than line 2:** you were ineligible for government-subsidized health insurance in 2022 and must fill in the No oval(s) in line 11 of Schedule HC, and go to Schedule HC Worksheet for Line 12 to determine if you were deemed able to afford private health insurance.

**If line 1 is less than or equal to line 2, and at any point during the period when you were uninsured:** you were not legally residing in the U.S., or an employer offered an individual plan that cost less than 9.61% of your household income and met minimum value standards (the employer’s Human Resources Department should be able to provide this information to you), or you applied for Mass Health or subsidized coverage through the Health Connector and were denied because you were ineligible for services, **you are deemed ineligible for government-subsidized health insurance in 2022.** Fill in the No oval(s) in line 11 of Schedule HC, and go to Schedule HC Worksheet for Line 12 to determine if you were able to afford private health insurance.

**If line 1 is less than or equal to line 2, and none of the above conditions apply,** you would have been deemed eligible for government-subsidized health insurance in 2022, which you did not obtain and you are subject to a penalty. Fill in the Yes oval(s) in line 11 of Schedule HC and go to the Health Care Penalty Worksheet on page HC-11. **Note:** If you believe that, during the period when you were uninsured, your income was actually too high to qualify for government-subsidized insurance, you may have grounds to appeal the penalty. Fill in the Yes oval(s) in line 11 of Schedule HC and go to the instructions for the Appeals section.

**Table 2: Income at 300% of the Federal Poverty Level**

Family size*	300% FPL
1	\$38,640
2	\$52,260
3	\$65,880
4	\$79,500
5	\$93,120
6	\$106,740
7	\$120,360
8	\$133,980
additional	+\$13,620

**\*Include only yourself, your spouse (if married filing a joint return) and any dependent children you claim on your federal tax return in your family size. For family size over 8, add \$13,620 for each additional family member.**

**Schedule HC Worksheet for Line 12: Ability to Purchase Affordable Private Health Insurance That Met Minimum Creditable Coverage**

The following worksheet will determine if you could have purchased affordable private health insurance that met Minimum Creditable Coverage in 2022. Complete the following worksheet only if you (and/or your spouse if married filing jointly) were deemed ineligible for government-subsidized health insurance, as determined in the Schedule HC Worksheet for line 11.

**Note:** If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blank ovals in a row during the period that the mandate applied in line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return. Be sure to enclose Schedule HC with your return.

- 1. Enter your federal adjusted gross income from U.S. Form 1040, line 11 ..... **1**
- 2. Enter the monthly premium that corresponds with your county of residency, age (if married filing a joint return, use the age of the older spouse) and filing status from Table 4: Premiums on page HC-10 ..... **2**

Go to the table that corresponds to your county of residency and go to the row for your age range and then go to the column based on your filing status to find the monthly premium amount.

- 3. Enter the affordable premium as a percentage of income that corresponds with your income range (from line 1 of worksheet) and filing status from Table 3: Affordability on page HC-10. To find this amount, look at the row for your income range in col. a of the appropriate table based on your filing status and go to col. b to find the percentage. .... **3**
- 4. Multiply line 1 by line 3. .... **4**

**Note:** When you multiply by a percentage, move the decimal point two places to the left first. For example, if your percentage is 7.40%, multiply your income by 0.0740.

- 5. Divide line 4 by 12 to calculate the monthly premium considered affordable to you. .... **5**

**If line 2 is greater than line 5:** you are deemed unable to afford health insurance that met Minimum Creditable Coverage and not subject to a penalty, and you must fill in the No oval(s) in line 12 of Schedule HC and skip the remainder of Schedule HC and continue completing your tax return.

**If line 2 is less than or equal to line 5:** you are deemed able to afford private health insurance that met Minimum Creditable Coverage, which you did not obtain; you are subject to a penalty and you must fill in the Yes oval(s) in line 12 of Schedule HC and go to the Health Care Penalty Worksheet on page HC-11.

**Health Care Penalty Worksheet**

Complete the following worksheet to calculate the penalty. If married filing a joint return and both you and your spouse are subject to a penalty, separate worksheets must be filled out to calculate the separate penalty amounts for you and your spouse, using your married filing jointly income. Each separate penalty amount must then be entered on Form 1, line 35a and line 35b or Form 1-NR/PY, line 39a and line 39b.

**Note:** If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your tax return.

1. Enter your federal adjusted gross income from Schedule HC, line 2 . . . . . **1**
2. Look at Table 5, Annual Income Standards, and enter col. A, B, C or D, based on your family size (from line 1c of Schedule HC) and income (from line 1 above) . . . . . **2**
3. Based on the column entered in line 2, go to Table 6, Penalties for 2022, to determine the monthly penalty amount. Enter that amount here. . . . . **3**
4. Enter the number of gap(s) in coverage of four or more consecutive months in which you were uninsured, as shown in Schedule HC, line 7. (Turning 18, Part-Year Residents or a Taxpayer Was Deceased: When completing line 4, do not include the number of unfilled ovals for months that the mandate did not apply, as determined in Schedule HC, line 7.) If you were uninsured for all of 2022 or for the period that the mandate applied, enter 0 . . . . . **4**
5. Enter the total number of months for the gap(s) in coverage in which you were uninsured from line 4. If you were uninsured for all of 2022, enter "12" . . . . . **5**
6. Multiply line 4 by the number "3" . . . . . **6**
7. Subtract line 6 from line 5 . . . . . **7**
8. Multiply line 3 by line 7. This is your penalty amount . . . . . **8**

If you are subject to a penalty because you are deemed able to afford insurance in 2022 but did not obtain it, you may appeal the application of the penalty to you. Instructions for filing an appeal can be found online at [mass.gov/dor](http://mass.gov/dor). If you are filing an appeal, do not enter a penalty amount on Form 1, line 35a or line 35b or Form 1-NR/PY, line 39a or line 39b. If you are not appealing the penalty, enter the penalty amount from line 8 on Form 1, line 35a or line 35b or Form 1-NR/PY, line 39a or line 39b.

**Table 5: Annual Income Standards**

Family size	Col. A		Col. B		Col. C		Col. D
	From	To	From	To	From	To	Above
1	\$19,321	– \$25,760	\$25,761	– \$32,200	\$32,201	– \$38,640	\$38,640
2	26,131	– 34,840	34,841	– 43,550	43,551	– 52,260	52,260
3	32,941	– 43,920	43,921	– 54,900	54,901	– 65,880	65,880
4	39,751	– 53,000	53,001	– 66,250	66,251	– 79,500	79,500
5	46,561	– 62,080	62,081	– 77,600	77,601	– 93,120	93,120
6	53,371	– 71,160	71,161	– 88,950	88,951	– 106,740	106,740
7	60,181	– 80,240	80,241	– 100,300	100,301	– 120,360	120,360
8	66,991	– 89,320	89,321	– 111,650	111,651	– 133,980	133,980
additional	+\$ 6,810	+\$ 9,080	+\$ 9,080	+\$11,350	+\$11,350	+\$13,620	+\$13,620

**Table 6: Penalties for 2022**

Col.	Monthly penalty amount
<b>A</b>	\$ 23.00
<b>B</b>	\$ 45.00
<b>C</b>	\$ 67.00
<b>D</b>	\$159.00