

How to Use the Healthcare.gov Tax Tool

Who should use this tool?

The tool is available for taxpayers who live in federal Marketplace (Healthcare.gov) states, or in a state that uses the Healthcare.gov technology. If you live in a state with a state-based Marketplace, contact the Marketplace by phone or online.

To begin, go to <https://www.healthcare.gov/tax-tool/>

IRS Form 8962

To calculate your premium tax credit, you'll need your second lowest cost Silver plan (SLCSP) to fill out IRS Form 8962.

Your SLCSP can be found on your Form 1095-A, but it may be missing or incorrect. We'll ask a few questions on the following screens and provide your correct SLCSP premium.

[Find my Form 1095-A](#)

- 1 Choose a tax year** Start
- 2 Enter household details**
Answer questions about who in your household qualifies for a premium tax credit and information on each person, including date of birth, location(s) they lived in for the year, and months of marketplace coverage.
 - Overall household
- 3 Review your information**
- 4 View second lowest cost Silver plan premium results**

The tool allows a taxpayer to find their SLCSP Premium to complete or correct Column B of the Form 1095- A.

The Tax Tool will ask you to enter all members of the household, even those with other coverage.

Several screens will ask for the family's ZIP code and whether they lived in the same place for all months.
Confirm the information for each family member.

Enter information for the following steps:

Step 1. **Select Choose a tax year**, then select appropriate state(s) and click **Continue**.

Step 2. Provide information about the taxpayer's household.

First name of the primary person
The primary person is the primary taxpayer of the household. If a married couple files a joint return, either spouse may be the primary taxpayer.

First name of person 2 and their relationship to John

is John's

First name of person 3 and their relationship to John

is John's

Tell us about John

Date of birth
Example: 4 / 17 / 1970

Month Day Year
 / /

Tell us where John lived during all of 2020

You indicated John's household lived in Ohio.

In what ZIP code did John live in 2020?

[Clear search](#)

John lived in another country or died.

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John: Marketplace coverage

Select all months John was enrolled in a Marketplace plan, paid the premium, AND wasn't eligible for other health coverage

Select all Clear all

<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr
<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug
<input checked="" type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec

Continue

This section determines for each family member whether he or she will be included in determining the SLCSP premium, which you will enter in TaxSlayer.

Follow the instructions closely!

Leave the boxes unchecked for months John was eligible for other coverage (such as employer or Medicaid) or did not pay the premium for that month and click **Continue**.

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Step 3 of "4": Review your information [View steps](#)

Review your information

Tax year [Edit](#)
2020

John

Date of birth [Edit](#)
9/22/1970

Location(s) lived [Edit](#)
All year:
43215, Franklin County, OH

Marketplace coverage months [Edit](#)
All year

Step 3. In the Review screen, confirm the information for each family member and click **Continue**.

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Step 4 of "4": View SLSCP premium results [View steps](#)

Your results

These monthly premiums are used to calculate your premium tax credit. They're not the premiums you paid.

Enter these amounts on IRS Form 8962 when you prepare your 2020 income tax return.

Monthly SLSCP premiums

Jan	\$1,326.06
Feb	\$1,326.06
Mar	\$1,326.06
Apr	\$1,326.06

Step 4. The results page shows the premium for the **SLCSP** for the household. Use these amounts as if they appeared on Form 1095-A, Column B.

Remember: Print out the review information and the results page screens for the taxpayer's records.