

# Entering Exemptions Other Than Affordability in TaxSlayer ~2014-2018 only~

Refer to these documents for more information about ACA coverage and exemptions:

- ACA Marketplace Coverage: MEC, Affordability & Exemptions
  - Understanding and Entering the “Affordability” Exemption in TaxSlayer
1. Identify the exemption that applies to the taxpayer’s circumstances. Consult the [List of Exemptions Chart](#) on CTC Resources.
  2. In TaxSlayer, navigate to the **Health Insurance** section.
  3. In the **Health Insurance Questionnaire** screen, click on **Yes** for “**Did you or your family have health insurance or qualify for a coverage exemption at any time in 2018?**”
  4. Click on **Continue**.
  5. For **Did you purchase health insurance via Healthcare.gov or a State Marketplace?**, click **Yes** if the taxpayer has Form 1095-A or **No** if the taxpayer does not.  
  
**Note:** The taxpayer may have had Marketplace coverage for part of the year and is claiming an exemption for uncovered months.
  6. In the **Months Insured** screen, click on **No** if anyone in the tax household was without health coverage and also did not have a qualifying exemption (from the Marketplace) for any month of the tax year. This will begin the process of entering a new exemption.) See below.

## Months Insured

Was your entire household insured for all 12 months of 2018? \*

- Yes  
 No

Please enter the number of months insured for each household member.

Name	Months Insured
AUSTIN DRAKE	10

7. Enter information for each member of the tax household according to their circumstances.

### Months Insured - AUSTIN DRAKE

Specify the 10 months that AUSTIN DRAKE had minimum essential coverage

<input checked="" type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March
<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June
<input checked="" type="checkbox"/> July	<input checked="" type="checkbox"/> August	<input checked="" type="checkbox"/> September
<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December

8. Click on **Continue**.
9. If you selected **Yes** that the taxpayer had Healthcare.gov or Marketplace coverage for any part of the tax year, complete this step. If not, continue with below.
  - a. You will be prompted to enter information from **Form 1095-A**.
  - b. When you have done so, click on **Continue**.
10. In the **Household Income** screen, leave the **premium amounts paid through a salary reduction agreement** blank.

**Note:** This text field is used only for affordability exemption.
11. If there are dependents listed on the return, click in the **Dependents Modified AGI** text field and enter dependent AGI information. Only enter dependent income for dependents who had a filing requirement. Otherwise, leave the field blank. See below.

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Q Enter the Form Number...

- Basic Information
- Federal Section
- Health Insurance
- State Section
- Summary/Print
- e-File
- 2017 Amended Return
- Save & Exit Return
- Help & Support
- Save & Exit Return

## Household Income

BACK CONTINUE

Enter any premium amount paid through a salary reduction agreement that is excluded from gross income. (Note: This entry is included in the Affordability Threshold when determining affordability if applicable. This information is unnecessary if you will not be completing the affordability worksheets.)

\$|

**Dependents' Modified AGI (if filing requirement)**

Enter the AGI for your dependents from Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 3; and Form 1040NR, line 37

\$

Enter any tax-exempt interest for your dependents from Form 1040, line 8b; Form 1040A, line 8b; Form 1040EZ, the amount written to the left of the line 2 entry space; and Form 1040NR

**\$1,044**  
FEDERAL AMOUNT DUE  
N/A  
REFUND AMOUNT

12. Click on **Continue**.

13. In the **Health Care Exemptions** screen, select the **Name of Individual** for whom you will enter an exemption.

**Note:** You will need to enter a separate exemption for each member of the tax household to whom one applies, and may have to enter more than one exemption for an individual if different exemptions apply for different months of the tax year. For example, an individual is eligible for one exemption for 3 months and a different exemption for the remaining 9 months of the year, you would separately enter the exemptions for that individual (and select on this screen the months to which each exemption applies).

14. Click on **Yes** for “**Did you qualify for an exemption due to circumstances or receive an exemption certificate from the marketplace?**”

**Note:** Click **Yes** If the taxpayer already has an exemption certificate from the Marketplace or if they are applying for an exemption on the return.

15. If the taxpayer has an exemption certificate issued by the Marketplace:

a. Click in the **Exemption Certificate Number (ECN)** field.

- b. Enter the ECN. If the ECN is only six digits and TaxSlayer requires you to enter seven digits, enter a **0** in front of the ECN.
- c. Click on **Continue**.

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### Health Insurance/Exemption

Name of Individual \*  
AUSTIN DRAKE

Do you have a marketplace-issued certificate for this exemption or going to apply for an exemption from the marketplace? \*

Yes  
 No

Exemption Certificate Number (enter PENDING if applying or applied for)  
[ ]

Indicate full year or specify months for which you qualify to take the exemption.

Full Year

January  February  March  April  
 May  June  July  August  
 September  October  November  December

\$1,535  
Federal Amount Due

N/A  
Refund Amount

16. If the taxpayer is applying for an exemption on the tax return:

- a. Select the exemption that applies from the dropdown menu. Consult the [List of Exemptions Chart](#) on CTC Resources.
- b. Check the months for which the exemption applies, or **Full Year** if that is the case.
- c. Click on **Continue**.

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### Health Insurance/Exemption

Name of Individual \*  
AUSTIN DRAKE

Do you have a marketplace-issued certificate for this exemption or going to apply for an exemption from the marketplace? \*

Yes  
 No

Exemption Type on the return  
-- Please Select --

- Coverage is unaffordable
- Short gap in coverage
- Citizens living abroad and certain noncitizens
- Member of health care sharing ministry
- Member of Federally-recognized Indian tribe
- Incarceration
- Aggregate self-only coverage considered unaffordable
- Resident of a state that did not expand Medicaid
- Member of tax household born, adopted, or died
- Eligible for health coverage tax credit

Indicate full year or specify months for which you qualify to take the exemption.

Full Year

March  April  
 July  August  
 September  October  November  December

\$1,535  
Federal Amount Due

N/A  
Refund Amount

17. In the **Health Coverage Exemptions** screen, verify that the exemption has been entered for the designated member of the tax household.
18. To add an additional exemption for another individual or to add an exemption covering different months of the tax year for the same individual, click on the plus symbol to **Add another exemption**.

## Health Coverage Exemptions

  Add another exemption

Name of Individual	Type
DELETE DELETE	G

19. Once all exemptions have been entered, examine the **Health Coverage Exemptions** screen to verify that all applicable exemptions have been entered for the designated member(s) of the tax household.

**Note:** You should also check page 1 of **Form 1040** as well as **Schedule 4** to verify that they correctly reflect any coverage, exemptions, and applied shared responsibility payment. See below.

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2018** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing status:  Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

Your first name and initial Last name Your social security number

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

If joint return, spouse's first name and initial Last name Spouse's social security number

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)

Spouse is blind  Spouse itemizes on a separate return or you were dual-status alien

**SCHEDULE 4** (Form 1040) **Other Taxes** OMB No. 1545-0074

Department of the Treasury Internal Revenue Service **2018** Attachment Sequence No. 04

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Name(s) shown on Form 1040 Your social security number

Other Taxes			
57	Self-employment tax. Attach Schedule SE . . . . .	57	
58	Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	59	
60a	Household employment taxes. Attach Schedule H . . . . .	60a	
60b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	60b	
61	Health care: individual responsibility (see instructions) . . . . .	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960	62	