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Please give us your comments or suggestions about our forms.

# 2020 Premium Assistance Subsidy

# 3849

Attach to your California Form 540 or Form 540NR.

Name(s) as shown on tax return	SSN or ITIN
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You are not eligible to take the Premium Assistance Subsidy (PAS) if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box.

### Part I Annual and Monthly Contribution Amount

1 Applicable household size. Enter your applicable household size. See instructions.	<input checked="" type="radio"/>	1	
2 a Modified AGI. Enter your modified AGI. See instructions.	<input checked="" type="radio"/> 2a		
b Enter the total of your dependents' modified AGI. See instructions.	<input checked="" type="radio"/> 2b		
3 Household income. Add the amounts on lines 2a and 2b. See instructions.	<input checked="" type="radio"/>	3	
4 Federal poverty line. Enter the federal poverty line amount from Table 1. See instructions.	<input checked="" type="radio"/>	4	
5 Household income as a percentage of federal poverty line. See instructions.	<input checked="" type="radio"/>	5	%
6 Go to Worksheet 2 and Table 1-2 in the instructions to determine if you should check "Yes" or "No" below. Proceed as directed. <input checked="" type="radio"/> <input type="checkbox"/> <b>No.</b> Continue to line 7. <input checked="" type="radio"/> <input type="checkbox"/> <b>Yes.</b> You are not eligible to take the PAS. If advance payment of the PAS was made, see the instructions for how to report your excess advance PAS repayment amount.			
7 CA applicable figure. Using your line 5 percentage, locate your "CA applicable figure" from Table 2. See instructions.	<input checked="" type="radio"/>	7	
8 a Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount.	<input checked="" type="radio"/> 8a		
b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount.	<input checked="" type="radio"/>	8b	

### Part II Premium Assistance Subsidy Claim and Reconciliation of Advance Payment of Premium Assistance Subsidy

- 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 whether you should check the "Yes" box or "No" box, and then proceed as directed.  
  **Yes.** Continue to line 11. Compute your annual PAS. Then skip lines 12 through 23 and continue to line 24.   **No.** Continue to lines 12 through 23. Compute your monthly PAS and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) FTB 3895, line 18, column a)	(b) Annual applicable SLCSP premium (Form(s) FTB 3895, line 18, column b)	(c) Annual contribution amount (line 8a)	(d) Annual federal PTC amount. See instructions.	(e) Annual maximum PAS amount (subtract (c) and (d) from (b), if zero or less, enter -0-)	(f) Annual PAS amount allowed. See instructions.	(g) Annual APAS amount (Form(s) FTB 3895, line 18, column c)
11 Annual Totals	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) FTB 3895, lines 6-17, column a)	(b) Monthly applicable SLCSP premium (Form(s) FTB 3895, lines 6-17, column b)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly federal PTC amount. See instructions.	(e) Monthly maximum PAS amount (subtract (c) and (d) from (b), if zero or less, enter -0-)	(f) Monthly PAS amount allowed. See instructions.	(g) Monthly APAS amount (Form(s) FTB 3895, lines 6-17, column c)
12 January	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 February	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 March	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
15 April	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
16 May	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 June	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
18 July	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 August	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
20 September	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 October	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
22 November	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
23 December	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

24	Total PAS. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here. . . . .	<input checked="" type="radio"/>	24	
25	Advance payment of PAS. Enter the amount from line 11(g) or add lines 12(g) through 23(g) and enter the total here . . . . .	<input checked="" type="radio"/>	25	
26	Net PAS. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 540, line 77, or Form 540NR, line 87. 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. . . . .	<input checked="" type="radio"/>	26	

**Part III Repayment of Excess Advance Payment of the Premium Assistance Subsidy**

27	Excess advance payment of PAS. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here . . . . .	<input checked="" type="radio"/>	27	
28	Repayment limitation. See instructions. . . . . <input checked="" type="radio"/> <input type="checkbox"/> Check this box if the "Repayment cap may not apply" box on form FTB 3895 is also checked.	<input checked="" type="radio"/>	28	
29	Excess APAS repayment. Enter the smaller of line 27 or line 28 here and on Form 540, line 64, or Form 540NR, line 74. . . . .	<input checked="" type="radio"/>	29	

**Part IV Allocation of Policy Amounts**

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

**Allocation 1**

30	(a) Market-assigned policy number (Form FTB 3895)	(b) SSN or ITIN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PAS Percentage
		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Allocation 2**

31	(a) Market-assigned policy number (Form FTB 3895)	(b) SSN or ITIN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PAS Percentage
		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Allocation 3**

32	(a) Market-assigned policy number (Form FTB 3895)	(b) SSN or ITIN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PAS Percentage
		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Allocation 4**

33	(a) Market-assigned policy number (Form FTB 3895)	(b) SSN or ITIN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PAS Percentage
		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

34 Have you completed all policy amount allocations?  
  **Yes.** Multiply the amounts on form FTB 3895 by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from forms FTB 3895, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12 through 23, columns (a), (b), and (f). Compute the amounts for lines 12 through 23, columns (c) through (e), and continue to line 24.  
  **No.** See the instructions to report additional policy amount allocations.

**Part V Alternative Calculation for Year of Marriage**

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12 through 23, see the instructions for this Part V.

35	Alternative entries for you	(a) Alternative household size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
36	Alternative entries for your spouse/RDP	(a) Alternative household size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

# 2020 Instructions for Form FTB 3849

## Premium Assistance Subsidy

### What's New

**Minimum Essential Coverage Individual Mandate** – For taxable years beginning on or after January 1, 2020, California requires residents and their dependents to obtain and maintain minimum essential coverage (MEC), also referred to as qualifying health care coverage. Individuals who fail to maintain qualifying health care coverage for any month during taxable year 2020 will be subject to a penalty unless they qualify for an exemption. For more information, get the following new health care forms, instructions, and publications:

- Form FTB 3849, Premium Assistance Subsidy
- Form FTB 3853, Health Coverage Exemptions and Individual Shared Responsibility Penalty
- Form FTB 3895, California Health Insurance Marketplace Statement
- Publication 3849A, Premium Assistance Subsidy (PAS)
- Publication 3895B, California Instructions for Filing Federal Forms 1094-B and 1095-B
- Publication 3895C, California Instructions for Filing Federal Forms 1094-C and 1095-C

### General Information

**Nonresident of California.** If you or a family member are not a California resident, you or your family member are not eligible to purchase a qualified health plan through the California health insurance marketplace (Marketplace). The term "Marketplace" refers to the California state Marketplace, Covered California.

**Premium assistance subsidy (PAS).** The PAS is available for certain people who enroll, or whose family member enrolls, in a qualified health plan. The subsidy provides financial assistance to pay the premiums for a qualified health plan through the Marketplace.

You must file form FTB 3849 to reconcile any PAS advanced to you with the actual allowed PAS amount based on your actual household income for the applicable taxable year, less federal Premium Tax Credit (PTC) amounts.

**Advance payment of the premium assistance subsidy (APAS).** APAS is a payment during the year to your insurance provider that pays for part of the premiums for a qualified health plan covering you or an individual in your applicable household (an applicable household may include the tax filer, the tax filer's spouse if the tax filer is filing a joint return with their spouse, and the tax filer's dependents). For more information, see Definitions, Applicable Household. Your APAS amount is based on the Marketplace's estimate of the PAS you will be able to take on your tax return. If APAS was paid for you or an individual in your applicable household you must file form FTB 3849 to reconcile (compare) this APAS with your PAS. If the APAS is **more** than your PAS, you have excess APAS and you must repay the excess, subject to certain limitations. If the APAS is **less** than the PAS, you can get a PAS reconciliation refund for the difference, which reduces your tax payment or increases your refund.

**Changes in circumstances.** The Marketplace determined your eligibility for and the amount of your 2020 APAS using projections of your household income and the number of individuals you certified to the Marketplace would be in your applicable household when you enrolled in a qualified health plan. If this information changed during 2020 and you did not promptly report it to the Marketplace, the amount of APAS paid may be substantially different from the amount of PAS you were eligible to receive. For changes that can affect the amount of your PAS, see Reporting changes in circumstances.

**Deductions for health insurance premiums.** You cannot deduct the portion of your health insurance premium on your tax return that is paid for by the PAS or APAS (after you determine how much of any excess APAS you must repay). If you are deducting medical expenses as an itemized deduction, see federal Publication 502, Medical and Dental Expenses.

### Form FTB 3895, California Health Insurance Marketplace Statement.

You will need form FTB 3895 to complete form FTB 3849. The Marketplace uses form FTB 3895 to report certain information to the FTB about individuals who enrolled in a qualified health plan through the Marketplace. The Marketplace sends copies to individuals to allow them to accurately file a tax return taking the PAS and reconciling APAS. For coverage in 2020, the Marketplace is required to provide or send form FTB 3895 to the individual identified as the tax filer in the Marketplace enrollment application by January 31, 2021. The tax filer is the person who is expected to file a tax return, to claim other family members as dependents, and who, if qualified, would take the PAS for the year of coverage for their applicable household. If you are expecting to receive form FTB 3895 for a qualified health plan and you **do not** receive it by early February, contact the Marketplace.

Do not use federal Form 1095-A, Health Insurance Marketplace Statement, to complete form FTB 3849.

Under certain circumstances, if a change in circumstances is not reported to the Marketplace during the year, the Marketplace will provide form FTB 3895 to one taxpayer, but another taxpayer also will need the information from that form to complete form FTB 3849. This can happen, for example, where two spouses enroll in a qualified health plan and divorce during the year. The recipient of form FTB 3895 should provide a copy to other taxpayers as needed. If you did not receive form FTB 3895, you can obtain a copy from the Marketplace by going to [coveredca.com](https://coveredca.com).

**VOID BOX.** If you received a form FTB 3895 with the void box checked at the top of the form, that means you previously received a form FTB 3895 for the policy shown at the top part of the form that was sent in error. You should not have received a form FTB 3895 for the policy shown at the top part of the form FTB 3895. **Do not** use the information on the form FTB 3895 with the void box checked or the previously received form FTB 3895 to complete form FTB 3849.

**CORRECTED BOX.** If you receive a form FTB 3895 with the corrected box checked at the top of the form, use the information on the form FTB 3895 with the corrected box checked to figure the PAS and reconcile any APAS on form FTB 3849. **Do not** use the information on the original form FTB 3895 you received for the policy shown at the top part of the corrected form FTB 3895.

See How To Avoid Common Mistakes in Completing Form FTB 3849 at the end of these instructions.

### Purpose

Use form FTB 3849 to figure the amount of PAS you are eligible for, and reconcile it with APAS paid for you or an individual in your applicable household. You may take PAS (and APAS) only for health insurance coverage in a qualified health plan (defined later) purchased through the Marketplace. For more information on purchasing a qualified health plan, go to [coveredca.com](https://coveredca.com).

If you or a member of your family enrolled in health insurance coverage for 2020 through the Marketplace, you should have received form FTB 3895 from the Marketplace. Form FTB 3895 shows the months of coverage purchased through the Marketplace and any APAS paid to your insurance company to help cover your monthly premium. If APAS was paid on your behalf or if APAS was not paid on your behalf but you wish to take the PAS, you must file form FTB 3849 and attach it to your California tax return (Form 540, California Resident Income Tax Return or Form 540NR, California Nonresident or Part-Year Resident Income Tax Return).

**Note:** The Marketplace refers to APAS as "California premium subsidy". The term APAS is used throughout these instructions to clearly distinguish APAS from PAS.

**Reporting changes in circumstances.** If APAS is being paid for an individual in your applicable household (described later) and you have had certain changes in circumstances (see the examples below), it is important that you report them to the Marketplace within 30 days of the change. Reporting changes in circumstances promptly will allow the Marketplace to recalculate your APAS for the remaining months of the current year to reflect the PAS you are estimated to receive. Changes that you should report to the Marketplace include the following:

- Changes in household income.
- Moving to a different address.
- Gaining or losing eligibility for other health care coverage.
- Gaining, losing, or other changes to employment.
- Birth or adoption.
- Marriage or divorce.
- Other changes affecting the composition of your applicable household.

For more information on how to report a change in circumstances to the Marketplace, go to [coveredca.com/rac](https://coveredca.com/rac).

**Health insurance options.** If you need health coverage, go to [coveredca.com](https://coveredca.com) to learn about health insurance options that are available for you and your family, how to purchase health insurance, and how you might qualify to get financial assistance with the cost of insurance.

For information about the Minimum Essential Coverage Individual Mandate, see Government Code (GC) Section 100700, et. seq., or go to [ftb.ca.gov/healthmandate](https://ftb.ca.gov/healthmandate). For more information about PAS and APAS, see GC Section 100800, et. seq.

## Who Must File

You must file form FTB 3849 with your income tax return (Form 540 or Form 540NR) if any of the following apply to you:

- You are taking the PAS.
- APAS was paid for you or another individual in your applicable household.
- APAS was paid for an individual you told the Marketplace would be in your applicable household and neither you nor anyone else included that individual in an applicable household. See Specific Instructions, Lines 12 through 23, Individual you enrolled who is not included in an applicable household.

If any of the circumstances above apply to you, you must file an income tax return and attach form FTB 3849 even if you are not otherwise required to file. You must use Form 540 or Form 540NR. For help determining which of these forms to file, see the instructions for Form 540 or Form 540NR.

If someone else enrolled an individual in your applicable household in coverage, and APAS was paid for that individual's coverage, you must file form FTB 3849 to reconcile the APAS. You need to obtain a copy of the form FTB 3895 from the person who enrolled the individual.

If you are claimed as a dependent on another person's tax return, the person who claims you will file form FTB 3849 to take the PAS and, if necessary, repay excess APAS for your coverage. You **do not** need to file form FTB 3849.

## Who Can Take the PAS

You can take the PAS for 2020 if you meet conditions (1) and (2) below.

1. For at least one month of the year, all of the following were true:
  - a. An individual in your applicable household was enrolled in a qualified health plan through the Marketplace on the first day of the month.
  - b. That individual was not eligible for minimum essential coverage (MEC) for the month, other than coverage through the Marketplace. An individual is generally considered eligible for MEC for the month only if the individual was eligible for every day of the month (see Definitions, Minimum essential coverage(MEC)).

- c. The portion of the enrollment premiums (described later) for the month for which you are responsible was paid by the due date of your tax return (not including extensions). However, if you became eligible for APAS because of a successful eligibility appeal and you retroactively enrolled in the plan, then the portion of the enrollment premium for which you are responsible must be paid on or before the premium payment due date.
2. You are an applicable taxpayer for 2020. To be an applicable taxpayer, you must meet all of the following requirements:
    - a. Your household income for 2020 is at or below 138%, or above 200% but no more than 600% of the federal poverty line for your household size (see Specific Instructions, Line 4).
    - b. No one can claim you as a dependent on a tax return for 2020.
    - c. You file a joint return if you were married at the end of 2020. However, filing a separate return from your spouse/Registered Domestic Partnership (RDP) will not disqualify you from being an applicable taxpayer if you meet certain exceptions described under Definitions, Married taxpayers.

You are not entitled to the PAS for health coverage for an individual for any period during which the individual is not lawfully present in California.

For additional requirements, see Definitions, Applicable taxpayer.

## Definitions

**Applicable household.** For purposes of the PAS, your applicable household consists of the following individuals.

- You, if you file a tax return for the year and you cannot be claimed as a dependent on someone else's 2020 tax return.
- Your spouse, if filing jointly and your spouse cannot be claimed as a dependent on someone else's 2020 tax return.
- Your dependents whom you claim on your 2020 tax return. If you are filing Form 540NR, you should include your dependents in your applicable household only if you are a California resident.

Your applicable household size equals the number of individuals in your applicable household (including yourself). See Specific Instructions, Line 1 for more information on figuring your applicable household size.

**Note:** Listing your dependents by name and social security number (SSN) or individual taxpayer identification number (ITIN) on your tax return is the same as claiming them as a dependent. If you have more than four dependents, see the instructions for Form 540 or Form 540NR.

**Household income.** For purposes of the PAS, household income is the modified adjusted gross income (modified AGI) of you and your spouse (if filing a joint return) (see Specific Instructions, Line 2a) plus the modified AGI of each individual whom you claim as a dependent and who is required to file an income tax return because their income meets the income tax return filing threshold (see Specific Instructions, Line 2b). Household income does not include the modified AGI of those individuals whom you claim as dependents and who are filing a 2020 return only to claim a refund of withheld income tax or estimated tax.

**Modified AGI.** For purposes of the PAS, modified AGI is the federal AGI on your tax return plus certain income that is not subject to tax (foreign earned income, tax-exempt interest, and the portion of social security benefits that is not taxable). Use Worksheet 1-1, Taxpayer's Modified AGI - Line 2a, and Worksheet 1-2, Dependents' Combined Modified AGI - Line 2b, to determine your modified AGI.

**Taxpayer's tax return including income of a dependent child.** A taxpayer who includes the gross income of a dependent child on the taxpayer's tax return must include on Worksheet 1-2 the child's foreign earned income, the child's tax-exempt interest and the portion of the child's social security benefits that is not taxable.

**Coverage family.** Your coverage family includes all individuals in your applicable household who are enrolled in a qualified health plan and are not eligible for MEC (other than coverage in the individual market). The individuals included in your coverage family may change from month to

month. If an individual in your applicable household is not enrolled in a qualified health plan, or is enrolled in a qualified health plan but is eligible for MEC (other than coverage in the individual market), that individual is not part of your coverage family. Your PAS is available to help you pay only for the coverage of the individuals included in your coverage family.

**Monthly assistance subsidy amount.** The monthly assistance subsidy amount is the amount of your assistance subsidy for a month. Your PAS for the year is the sum of all of your monthly assistance subsidy amounts. Your assistance subsidy amount for each month is the lesser of:

- The enrollment premiums (described next) for the month for one or more qualified health plans in which you or any individual in your applicable household enrolled less your monthly federal PTC amount; or
- The amount of the monthly applicable second lowest cost silver plan (SLCSP) premium (described below) less your monthly contribution amount (described below) less your monthly federal PTC amount.

To qualify for a monthly assistance subsidy amount, at least one individual in your applicable household must be enrolled in a qualified health plan on the 1st day of that month. Generally, if coverage in a qualified health plan began after the 1st day of the month, you are not allowed a monthly assistance subsidy amount for the coverage for that month. However, if an individual in your applicable household enrolled in a qualified health plan in 2020 and the enrollment was effective on the date of the individual's birth, adoption, or placement for adoption or in foster care, or on the effective date of a court order placing the individual with your family, the individual is treated as enrolled as of the first day of that month. Therefore, the individual may be a member of your applicable household and coverage family for the entire month for purposes of computing your monthly assistance subsidy amount.

**Enrollment premiums.** The enrollment premiums are the total amount of the premiums for the month, reduced by any premium amounts for that month that were refunded, for one or more qualified health plans in which any individual in your applicable household enrolled. Form FTB 3895, Part II, column (a), reports the enrollment premiums.

You generally are not allowed a PAS amount for the month if any part of the enrollment premiums for which you are responsible that month has not been paid by the due date of your tax return (not including extensions). However, if you became eligible for APAS because of a successful eligibility appeal and you retroactively enrolled in the plan, the portion of the enrollment premium for which you are responsible must be paid on or before the premium payment due date. Premiums another person pays on your behalf are treated as paid by you.

If your share of the enrollment premiums is not paid, the issuer may terminate coverage. The termination is generally effective no sooner than the second month of nonpayment. For any months you were covered but did not pay your share of the premiums, you are not allowed a PAS.

**Applicable SLCSP premium.** The applicable SLCSP premium is the second lowest cost silver plan premium offered through the Marketplace that applies to your coverage family (described earlier). The SLCSP premium is not the same as your enrollment premium, unless you enroll in the applicable SLCSP. Form FTB 3895, Part II, column (b), reports the applicable SLCSP premium. If no APAS was paid for your coverage, form FTB 3895, Part II, column (b), may be wrong or blank or may report your applicable SLCSP premium as -0-. Also, if you had a change in circumstances during 2020 that you did not report to the Marketplace, the SLCSP premium reported in Part II, column (b), may be wrong. In either case you must determine your correct applicable SLCSP premium. You **do not** have to request a corrected form FTB 3895 from the Marketplace. See Specific Instructions, Line 10, Missing or incorrect SLCSP premium on form FTB 3895 on page 12 of these instructions.

**Monthly contribution amount.** Your monthly contribution amount is used to calculate your monthly assistance subsidy amount. It is the amount

of your household income you would be responsible for paying as your share of premiums each month based on your percentage of the federal poverty line. It is not based on the amount of premiums you paid out of pocket during the year. You will compute your monthly contribution amount in Part I of form FTB 3849.

**Qualified health plan.** For purposes of the PAS, a qualified health plan is a health insurance plan or policy purchased through the Marketplace at the bronze, silver, gold, or platinum level. Throughout these instructions, a qualified health plan also is referred to as a policy. Catastrophic health plans and stand-alone dental plans purchased through the Marketplace, and all plans purchased through the Covered California for Small Business, are not qualified health plans for purposes of the PAS. Therefore, they **do not** qualify a taxpayer to take the PAS.

For information on the lowest cost bronze plan and the second lowest cost silver plan, go to [coveredca.com/3853](https://coveredca.com/3853).

**Minimum essential coverage (MEC).** An individual in your applicable household who is eligible for MEC (except coverage in the individual market) for a month is not in your coverage family for that month. Therefore, you cannot take the PAS for that individual's coverage for the months that individual is eligible for MEC. In addition to qualified health plans and other coverage in the individual market, MEC includes:

- Most coverage through government-sponsored programs (including Medicaid coverage, Medicare parts A or C, most Medi-Cal coverage, the Children's Health Insurance Program (CHIP), certain benefits for veterans and their families, TRICARE, health coverage for Peace Corps volunteers, Nonappropriated Fund Health Benefits Program of the Department of Defense, Refugee Medical Assistance);
- The University of California Student Health Insurance Plan and the University of California Voluntary Dependent Plan;
- Most types of employer-sponsored coverage; and
- Other health coverage the California Department of Managed Health Care designates as MEC.

**Eligibility for MEC.** In most cases you are considered eligible for MEC if the coverage is available to you, whether or not you enroll in it. However, special rules apply to certain types of MEC as explained below.

**Employer-sponsored coverage.** Even if you and other members of your applicable household had the opportunity to enroll in a plan that is MEC offered by your employer for 2020, you are considered eligible for MEC under the plan for a month only if the offer of coverage met a minimum standard of affordability and provided a minimum level of benefits, referred to as "minimum value." The coverage offered by your employer is generally considered affordable for you and the members of your applicable household allowed to enroll in the coverage if your share of the annual cost for self-only coverage, which is sometimes referred to as the employee required contribution, is not more than 9.78% of your household income. However, employer-sponsored coverage is not considered affordable if, when you or a family member enrolled in a qualified health plan, you gave accurate information about the availability of employer coverage to the Marketplace, and the Marketplace determined that you were eligible for APAS for the individual's coverage in the qualified health plan. In addition, if you or your family member enrolls in employer-sponsored coverage for a month, you or your family member is considered eligible for employer-sponsored coverage for that month, even if the coverage does not satisfy the affordability and minimum value standards. Finally, if your employer offered coverage for you but not your family, you may be eligible for PAS for your family members. For more information on affordability and minimum value, get FTB Pub. 3849A.

Your employer may have sent you a federal Form 1095-C, Employer-Provided Health Insurance Offer and Coverage, with information about the coverage offered to you, if any. See federal Form 1095-C, line 14, and the Instructions for Recipient included with that form, for information about whether you and other members of your applicable household were offered coverage.

**Example:** Don was eligible to enroll in his employer's coverage for 2020 but instead applied for coverage in a qualified health plan through the

Marketplace for coverage in 2020. Don provided accurate information about his employer's coverage to the Marketplace and the Marketplace determined that the offer of coverage was not affordable and that Don was eligible for APAS. Don enrolled in the qualified health plan for 2020. Don got a new job with employer coverage that Don could have enrolled in as of September 1, 2020, but chose not to. Don did not return to the Marketplace to determine if he was eligible for APAS for the months September through December 2020, and remained enrolled in the qualified health plan. Don is not considered eligible for employer-sponsored coverage for the months January through August of 2020 because he gave accurate information to the Marketplace about the availability of employer coverage and the Marketplace determined that he was eligible for APAS for coverage in a qualified health plan. The Marketplace determination does not apply, however, for the months September through December of 2020 because Don did not provide information to the Marketplace about his new employer's offer of coverage. Whether Don is considered eligible for employer-sponsored coverage and ineligible for the PAS for the months September through December of 2020 is determined under the eligibility rules described under Employer-Sponsored Plans in FTB Pub. 3849A.

**Waiting periods and post-employment coverage.** If you cannot get benefits under an employer-sponsored plan until after a waiting period has expired, you are not treated as eligible for that coverage during the waiting period. Also, if you leave your employment and are offered post-employment coverage such as COBRA or retiree coverage, you are not considered eligible for that post-employment coverage unless you actually enroll in the coverage. See Coverage after employment ends under Employer-Sponsored Plans in FTB Pub. 3849A for more information.

**Full-scope Medi-Cal and CHIP.** You generally are considered eligible for coverage under a government-sponsored program for a month if you met the eligibility criteria for that month, even if you did not enroll. However, if the Marketplace made a determination that you or a family member were ineligible for full-scope Medi-Cal or CHIP and were eligible for APAS when the individual enrolls in a qualified health plan, the individual is treated as not eligible for full-scope Medi-Cal or CHIP for purposes of the PAS for the duration of the period of coverage under the qualified health plan (generally, the rest of the plan year), even if your actual 2020 household income suggests that the individual may have been eligible for full-scope Medi-Cal or CHIP.

However, in order to rely on the Marketplace's determination that you or a family member were ineligible for full-scope Medi-Cal, CHIP, or a similar program, you must provide accurate information to the Marketplace when you enroll in a qualified health plan. You or the family member may be treated as eligible for full-scope Medi-Cal, CHIP, or a similar program, and not eligible for PAS, if the Marketplace determination is later found to be based on incorrect information that was given with an intentional or reckless disregard for the facts. Get FTB Pub. 3849A for more information.

For more information about eligibility for full-scope Medi-Cal, CHIP, and other forms of government-sponsored MEC, get FTB Pub. 3849A.

**Example:** Married taxpayers Tom and Nicole applied for insurance affordability programs at the Marketplace for themselves and their two children whom they claim as dependents, Kim and Chris. The Marketplace determined that Kim and Chris were eligible for coverage under full-scope Medi-Cal. Instead of enrolling Kim and Chris in full-scope Medi-Cal, the entire applicable household enrolled in a qualified health plan (with APAS paid only for Tom and Nicole's coverage). Because Kim and Chris were eligible for full-scope Medi-Cal, which is MEC, Tom and Nicole are not eligible for the PAS for coverage of Kim and Chris, but may be eligible for the PAS for their own coverage.

**Coverage in the individual market outside the Marketplace.** While coverage purchased in the individual market outside the Marketplace is MEC, and eligibility for this type of coverage does not prevent you from being eligible for the PAS, only Marketplace coverage qualifies you for the PAS.

For more details on eligibility for MEC, including additional special eligibility rules, see Minimum Essential Coverage in FTB Pub. 3849A. For information about health coverage options and financial help, go to [coveredca.com](https://www.coveredca.com).

**Applicable taxpayer.** You must be an applicable taxpayer to take the PAS. Generally, you are an applicable taxpayer if your household income for 2020 (described earlier) is at or below 138%, or above 200% but not more than 600% of the federal poverty line for your household size (provided in Table 1, Federal Poverty Line) and no one can claim you as a dependent for 2020. In addition, if you were married at the end of 2020, you must file a joint return to be an applicable taxpayer unless you meet one of the exceptions described in the instructions under Married taxpayers below.

For individuals with household income greater than 138% up to and equal to 200%, or greater than 600% of the federal poverty line, see Specific Instructions, Line 6, Household income greater than 138% up to and equal to 200%, or greater than 600% of the federal poverty line.

**Individuals who are incarcerated.** Individuals who are incarcerated (other than pending disposition of charges, for example awaiting trial) are not eligible for coverage in a qualified health plan through the Marketplace. However, these individuals may be applicable taxpayers and take the PAS for the coverage of individuals in their applicable households who are eligible for coverage in a qualified health plan.

**Individuals who are not lawfully present.** Individuals who are not lawfully present in the United States are not eligible for coverage in a qualified health plan through the Marketplace. They cannot take the PAS for their own coverage and are not eligible for the repayment limitations in Table 6, Repayment Limitation, for APAS paid for their own coverage. However, these individuals may be applicable taxpayers and take the PAS for the coverage of individuals in their applicable households, such as their children, who are lawfully present and eligible for coverage in a qualified health plan. Individuals who are not lawfully present but have dependents who are and who receive APAS will need to file a return to reconcile the PAS with APAS. For more information about who is treated as lawfully present for this purpose, go to [coveredca.com/](https://www.coveredca.com/) **lawfullypresent**. See Individuals Not Lawfully Present in the United States Enrolled in a Qualified Health Plan in FTB Pub. 3849A for more information on reconciling APAS when an unlawfully present person is enrolled individually or with lawfully present family members.

**Registered Domestic Partnership (RDP).** If you are an RDP, you and your eligible RPD will receive separate forms FTB 3895 through the Marketplace, and shall reconcile APAS using form FTB 3849.

**Married taxpayers.** If you are considered married for California income tax purposes, you must file a joint return with your spouse to take the PAS unless one of the two exceptions below applies to you.

You are not considered married for California income tax purposes if you are divorced or legally separated according to California law under a decree of divorce or separate maintenance. In that case, you cannot file a joint return but may be able to take the PAS on your separate return.

If you are considered married for California income tax purposes, you may be eligible to take the PAS without filing a joint return if one of the two exceptions below applies to you. If Exception 1 applies, you can file a return using head of household or single filing status and take the PAS. If Exception 2 applies, you are treated as married but can take the PAS with the filing status of married filing separately.

**Exception 1 — Certain married persons living apart.** You may file your return as if you are unmarried and take the PAS if your filing status is single or head of household because you meet the requirements for those filing status. See the "Do I Have to File?" and the "Head of Household" sections within the Form 540, Personal Income Tax Booklet and Form 540NR, Nonresident or Part-Year Resident Booklet.

**Exception 2 — Victim of domestic abuse or spousal abandonment.** If you are a victim of domestic abuse or spousal abandonment, you can file a return as married filing separately and take the PAS for 2020 if all of the following apply to you:

- You are living apart from your spouse at the time you file your 2020 tax return.
- You are unable to file a joint return because you are a victim of domestic abuse (described next) or spousal abandonment (described below).
- You check the box on your form FTB 3849 to certify that you are a victim of domestic abuse or spousal abandonment.

**Domestic abuse.** Domestic abuse includes physical, psychological, sexual, or emotional abuse, including efforts to control, isolate, humiliate, and intimidate, or to undermine the victim's ability to reason independently. All the facts and circumstances are considered in determining whether an individual is abused, including the effects of alcohol or drug abuse by the victim's spouse. Depending on the facts and circumstances, abuse of an individual's child or other family member living in the household may constitute abuse of the individual.

**Spousal abandonment.** A taxpayer is a victim of spousal abandonment for a tax year if, taking into account all facts and circumstances, the taxpayer is unable to locate their spouse after reasonable diligence.

**Married filing separately.** If you file as married filing separately and are not a victim of domestic abuse or spousal abandonment (see Exception 2 — Victim of domestic abuse or spousal abandonment under Married taxpayers above), then you are not an applicable taxpayer and you cannot take the PAS. You generally must repay all of the APAS paid for a qualified health plan that covered only individuals in your applicable household. If the policy also covered at least one individual in your spouse's applicable household, you generally must repay half of the APAS paid for the policy. See Specific Instructions, Line 9.

However, the amount of APAS you have to repay may be limited. See Specific Instructions, Line 28.

## Specific Instructions

**Name.** Print or type your name exactly as you entered it on your tax return. If you are married and filing a joint return, enter the name that appears first on your return.

**Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).** The social security number on this form should match the social security number on your tax return. If you are married and filing a joint return, enter the SSN or ITIN that appears first on your tax return.

**Victims of domestic abuse or spousal abandonment.** Check the box on the line above Part I of form FTB 3849 if you are filing as married filing separately, are a victim of domestic abuse or spousal abandonment, and qualify for Exception 2—Victim of domestic abuse or spousal abandonment under Married taxpayers, described earlier. By checking this box, you are certifying that you qualify for an exception to the requirement to file a joint return with your spouse. **Do not** attach documentation of the abuse or abandonment to your tax return. Keep any documentation you may have with your tax return records. For examples of what documentation to keep, get FTB Pub. 3849A.

**Married filing separately.** If APAS was paid for your coverage but you cannot take the PAS because you are married filing a separate return and you **do not** qualify for an exception to the joint filing requirement, complete lines 1 through 5 to figure your separate household income as a percentage of the federal poverty line. Skip lines 6 through 8b and complete lines 9 and 10 (and Part IV, if applicable). Complete only line 11, column (g), or line 12 through line 23, column (g). See instructions for line 11 or line 12 through line 23, column (g). Not an applicable taxpayer, for more information on how to complete form FTB 3849 to determine how much you have to repay.

## Part I — Annual and Monthly Contribution Amount

### Line 1 – Applicable household size

Enter on line 1 your applicable household size. Determine the number of individuals in your applicable household using your tax return. Your applicable household generally includes you, your spouse/RDP if you are filing a joint return, and your dependents that you include on your tax return. If you check the "If someone can claim you (or your spouse/RDP) as a dependent" box, or if you are filing jointly, and you check the "If someone can claim you (or your spouse/RDP) as a dependent" box on your Form 540 or Form 540NR, line 6, you do not need to file form FTB 3849.

**Note:** If an individual in your applicable household was enrolled in a policy with an individual in another applicable household and you are not taking the PAS, the taxpayer who is claiming the individual not in your applicable household may agree to reconcile all APAS paid for the policy. See the instructions for line 9 and Part IV, later, for more information about this rule. If you and the other taxpayer agree that the other taxpayer will reconcile all APAS paid and you are not taking the PAS, enter -0- on line 1 and skip line 2 through line 8. Then check the "Yes" box on line 9 and follow the instructions for Line 9 and Part IV. (Specifically, in the instructions for Part IV, see Policy amounts allocated 100% in either Allocation Situation 1. Taxpayers divorced or legally separated in 2020 or Allocation Situation 4. Other situations where a policy is shared between two applicable households.)

### Line 2a – Modified AGI

Enter your modified AGI on line 2a. Use the Worksheet 1-1 below to figure your modified AGI using information from your tax return.

### Worksheet 1-1. Taxpayer's Modified AGI—Line 2a

1. Enter your federal adjusted gross income (AGI)\* from federal Form 1040, 1040-SR, or 1040-NR, line 11. . . . . 1. \_\_\_\_\_
2. Enter any tax-exempt interest from federal Form 1040, 1040-SR, or 1040-NR, line 2a. . . . . 2. \_\_\_\_\_
3. Enter any amounts from federal Form 2555, lines 45 and 50. . . . . 3. \_\_\_\_\_
4. **Federal Form 1040 or 1040-SR filers:** If line 6a is more than line 6b, subtract line 6b from line 6a and enter the result. . . . . 4. \_\_\_\_\_
5. Add lines 1 through 4. Enter here and on form FTB 3849, line 2a. . . . . 5. \_\_\_\_\_

\*If you are filing federal Form 8814 and the amount on federal Form 8814, line 4, is more than \$1,100, you must enter certain amounts from that form on Worksheet 1-2. See instructions for Line 2b, Federal Form 8814.

### Line 2b – Combined modified AGI

Enter on line 2b the combined modified AGI for your dependents who are required to file an income tax return because their income meets the income tax return filing threshold. Use Worksheet 1-2 to figure these dependents' combined modified AGI. **Do not** include the modified AGI of dependents who are filing a tax return only to claim a refund of tax withheld or estimated tax.

**Federal Form 8814.** If you are filing federal Form 8814, Parents' Election To Report Child's Interest and Dividends, and the amount on federal Form 8814, line 4, is more than \$1,100, you must include on line 1 of Worksheet 1-2 the sum of the tax-exempt interest from federal Form 8814, line 1b; the lesser of federal Form 8814, line 4 or line 5; and any nontaxable social security benefits your child received.



## Worksheet 1-2. Dependents' Combined Modified AGI — Line 2b

1. Enter the federal AGI\* for your dependents from federal Form 1040, 1040-SR, or 1040-NR, line 11 . . . . . 1. \_\_\_\_\_
2. Enter any tax-exempt interest for your dependents from federal Form 1040, 1040-SR, or 1040-NR, line 2a. . . 2. \_\_\_\_\_
3. Enter any amounts for your dependents from federal Form 2555, lines 45 and 50 . . . . . 3. \_\_\_\_\_
4. **For each dependent filing federal Form 1040 or 1040-SR:** If line 6a is more than line 6b, subtract line 6b from line 6a and enter the result . . . 4. \_\_\_\_\_
5. Add lines 1 through 4. Enter here and on form FTB 3849, line 2b . . . . . 5. \_\_\_\_\_

\*Only include your dependents who are required to file an income tax return because their income meets the income tax return filing threshold.

### Line 3 – Household income

Add the amounts on lines 2a and 2b. Combine them even if one or both of them are negative. If the total is less than zero, enter -0- on line 3.

### Line 4 – Federal poverty line

Enter on line 4 the amount from Table 1 that represents the poverty line for the applicable household size you entered on line 1 of form FTB 3849. (For 2020, the 2019 federal poverty lines are used for this purpose and are shown below.)

**Table 1-1. Federal Poverty Line**

IF your Household Size* from form FTB 3849, line 1, was...	THEN enter the amount below on form FTB 3849, line 4...
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

\*If your household size was more than 8 people, add \$4,420 for each additional person. For example, if your household size is 11, you have 3 additional people. Multiply \$4,420 by 3 and add the result of \$13,260 to \$43,430. Enter the result of \$56,690 on form FTB 3849, line 4.

### Line 5 – Household income as a percentage of federal poverty line

Figure your household income as a percentage of the federal poverty line using Worksheet 2 and Table 1-2.

## Worksheet 2. Household Income as a Percentage of the Federal Poverty Line

1. Enter the amount from form FTB 3849, line 3 . . . . 1. \_\_\_\_\_
2. Enter the amount from form FTB 3849, line 4 . . . . 2. \_\_\_\_\_
3. Divide the amount on line 1 above by the amount on line 2 above. Do not round; instead multiply this number by 100 (to express it as a percentage). Enter the entire result here, including any number after the decimal point . . . . . 3. \_\_\_\_\_
4. Follow the instructions provided in Table 1-2 in the next column. . . . . 4. \_\_\_\_\_

## Table 1-2. Household Income as a Percentage of the Federal Poverty Line

IF the result of the computation on Worksheet 2, line 3 is:	THEN on Worksheet 2, line 4 and form FTB 3849, line 5:	AND on form FTB 3849, line 6:
Up to exactly 138	Drop any number after the decimal point <sup>1</sup> , enter the result on Worksheet 2, line 4, and on form FTB 3849, line 5.	Check the “No” box and continue to line 7.
Above 138 and less than 139	Enter 138 on Worksheet 2, line 4, and on form FTB 3849, line 5.	Check the “Yes” box, go to Line 6 instructions, and skip line 7 and line 8 of FTB 3849.
At least 139 to exactly 200	Drop any number after the decimal point <sup>1</sup> , enter the result on Worksheet 2, line 4, and on form FTB 3849, line 5.	Check the “Yes” box, go to Line 6 instructions, and skip line 7 and line 8 of FTB 3849.
Above 200 and less than 201	Enter 200 on Worksheet 2, line 4, and on form FTB 3849, line 5.	Check the “No” box and continue to line 7.
At least 201 to exactly 600	Drop any number after the decimal point <sup>1</sup> , enter the result on Worksheet 2, line 4, and on form FTB 3849, line 5.	Check the “No” box and continue to line 7.
Above 600 and less than 601	Enter 600 on Worksheet 2, line 4, and on form FTB 3849, line 5.	Check the “Yes” box, go to Line 6 instructions, and skip line 7 and line 8 of FTB 3849.
601 or greater	Drop any number after the decimal point <sup>1</sup> , enter the result on Worksheet 2, line 4, and on form FTB 3849, line 5.	Check the “Yes” box, go to Line 6 instructions, and skip line 7 and line 8 of FTB 3849.

<sup>1</sup>For examples, for 99.84, enter the result as 99; for 185.65, enter the result as 185; and for 399.7, enter the result as 399.

### Line 6 – Poverty line household income

Use the table above to determine which box to check on line 6. If you check the “No” box, continue to line 7. If you check the “Yes” box, you are not eligible for the PAS. See the following section for instructions on how to repay any APAS paid for your or your family's coverage.

**Household income greater than 138% up to and equal to 200%, or greater than 600% of the federal poverty line.** If the amount on line 5 is greater than 138% up to and equal to 200%, or greater than 600%<sup>2</sup>, you cannot take the PAS. You generally must repay all APAS paid for individuals in your applicable household (see below for two exceptions). Skip lines 7 and 8, and complete lines 9 and 10 (and Part IV and/or Part V, if applicable). Complete only column (g) of line 11 or lines 12 through 23. Enter -0- on line 24, and enter the amount from line 11, column (g) or the total of lines 12 through 23, column (g), on lines 25 and 27. Follow the instructions for lines 28 and 29. Enter the amount from line 29 on Form 540, line 64, or Form 540NR, line 74.

<sup>2</sup>If line 5 is 138, 200, or 600, and you checked the “No” box on line 6, you are eligible for PAS. If you check the “Yes” box, you are not eligible for PAS.

If your household income is greater than 138% up to and equal to 200%, or greater than 600% of the federal poverty line but you qualify for the alternative calculation for the year of marriage (see Specific Instructions, Line 9), you may be able to reduce the amount of APAS you have to repay.

If you enrolled an individual who is in another applicable household for the year of coverage, the other applicable household may be responsible for reconciliation of the APAS (see Specific Instructions, Line 9).

**Line 7 – California applicable figure**

Enter on line 7 the decimal number from Table 2, California Applicable Figure, below, that applies to the percentage you entered on line 5. This number is used to calculate your contribution amount.

**Line 8a – Annual contribution amount**

Multiply line 3 by line 7 and enter the result on line 8a, rounded to the nearest whole dollar amount.

**Line 8b – Monthly contribution amount**

Divide line 8a by 12 and enter the result on line 8b, rounded to the nearest whole dollar amount.

**Table 2. California Applicable Figure**

IF form FTB 3849, line 5 is...	ENTER on form FTB 3849, line 7...	IF form FTB 3849, line 5 is...	ENTER on form FTB 3849, line 7...	IF form FTB 3849, line 5 is...	ENTER on form FTB 3849, line 7...	IF form FTB 3849, line 5 is...	ENTER on form FTB 3849, line 7...
138 and below	0.00000	245	0.07644	291	0.08702	337	0.09189
200	0.06240	246	0.07675	292	0.08724	338	0.09196
201	0.06271	247	0.07706	293	0.08746	339	0.09204
202	0.06302	248	0.07738	294	0.08768	340	0.09212
203	0.06334	249	0.07769	295	0.08790	341	0.09220
204	0.06365	250	0.07800	296	0.08812	342	0.09228
205	0.06396	251	0.07822	297	0.08834	343	0.09235
206	0.06427	252	0.07844	298	0.08856	344	0.09243
207	0.06458	253	0.07866	299	0.08878	345	0.09251
208	0.06490	254	0.07888	300	0.08900	346	0.09259
209	0.06521	255	0.07910	301	0.08908	347	0.09267
210	0.06552	256	0.07932	302	0.08916	348	0.09274
211	0.06583	257	0.07954	303	0.08923	349	0.09282
212	0.06614	258	0.07976	304	0.08931	350	0.09290
213	0.06646	259	0.07998	305	0.08939	351	0.09298
214	0.06677	260	0.08020	306	0.08947	352	0.09306
215	0.06708	261	0.08042	307	0.08955	353	0.09313
216	0.06739	262	0.08064	308	0.08962	354	0.09321
217	0.06770	263	0.08086	309	0.08970	355	0.09329
218	0.06802	264	0.08108	310	0.08978	356	0.09337
219	0.06833	265	0.08130	311	0.08986	357	0.09345
220	0.06864	266	0.08152	312	0.08994	358	0.09352
221	0.06895	267	0.08174	313	0.09001	359	0.09360
222	0.06926	268	0.08196	314	0.09009	360	0.09368
223	0.06958	269	0.08218	315	0.09017	361	0.09376
224	0.06989	270	0.08240	316	0.09025	362	0.09384
225	0.07020	271	0.08262	317	0.09033	363	0.09391
226	0.07051	272	0.08284	318	0.09040	364	0.09399
227	0.07082	273	0.08306	319	0.09048	365	0.09407
228	0.07114	274	0.08328	320	0.09056	366	0.09415
229	0.07145	275	0.08350	321	0.09064	367	0.09423
230	0.07176	276	0.08372	322	0.09072	368	0.09430
231	0.07207	277	0.08394	323	0.09079	369	0.09438
232	0.07238	278	0.08416	324	0.09087	370	0.09446
233	0.07270	279	0.08438	325	0.09095	371	0.09454
234	0.07301	280	0.08460	326	0.09103	372	0.09462
235	0.07332	281	0.08482	327	0.09111	373	0.09469
236	0.07363	282	0.08504	328	0.09118	374	0.09477
237	0.07394	283	0.08526	329	0.09126	375	0.09485
238	0.07426	284	0.08548	330	0.09134	376	0.09493
239	0.07457	285	0.08570	331	0.09142	377	0.09501
240	0.07488	286	0.08592	332	0.09150	378	0.09508
241	0.07519	287	0.08614	333	0.09157	379	0.09516
242	0.07550	288	0.08636	334	0.09165	380	0.09524
243	0.07582	289	0.08658	335	0.09173	381	0.09532
244	0.07613	290	0.08680	336	0.09181	382	0.09540

IF form FTB 3849, line 5 is...	ENTER on form FTB 3849, line 7...	IF form FTB 3849, line 5 is...	ENTER on form FTB 3849, line 7...	IF form FTB 3849, line 5 is...	ENTER on form FTB 3849, line 7...	IF form FTB 3849, line 5 is...	ENTER on form FTB 3849, line 7...
383	0.09547	438	0.12963	493	0.15720	548	0.16960
384	0.09555	439	0.13050	494	0.15760	549	0.16980
385	0.09563	440	0.13136	495	0.15800	550	0.17000
386	0.09571	441	0.13222	496	0.15840	551	0.17020
387	0.09579	442	0.13309	497	0.15880	552	0.17040
388	0.09586	443	0.13395	498	0.15920	553	0.17060
389	0.09594	444	0.13482	499	0.15960	554	0.17080
390	0.09602	445	0.13568	500	0.16000	555	0.17100
391	0.09610	446	0.13654	501	0.16020	556	0.17120
392	0.09618	447	0.13741	502	0.16040	557	0.17140
393	0.09625	448	0.13827	503	0.16060	558	0.17160
394	0.09633	449	0.13914	504	0.16080	559	0.17180
395	0.09641	450	0.14000	505	0.16100	560	0.17200
396	0.09649	451	0.14040	506	0.16120	561	0.17220
397	0.09657	452	0.14080	507	0.16140	562	0.17240
398	0.09664	453	0.14120	508	0.16160	563	0.17260
399	0.09672	454	0.14160	509	0.16180	564	0.17280
400	0.09680	455	0.14200	510	0.16200	565	0.17300
401	0.09766	456	0.14240	511	0.16220	566	0.17320
402	0.09853	457	0.14280	512	0.16240	567	0.17340
403	0.09939	458	0.14320	513	0.16260	568	0.17360
404	0.10026	459	0.14360	514	0.16280	569	0.17380
405	0.10112	460	0.14400	515	0.16300	570	0.17400
406	0.10198	461	0.14440	516	0.16320	571	0.17420
407	0.10285	462	0.14480	517	0.16340	572	0.17440
408	0.10371	463	0.14520	518	0.16360	573	0.17460
409	0.10458	464	0.14560	519	0.16380	574	0.17480
410	0.10544	465	0.14600	520	0.16400	575	0.17500
411	0.10630	466	0.14640	521	0.16420	576	0.17520
412	0.10717	467	0.14680	522	0.16440	577	0.17540
413	0.10803	468	0.14720	523	0.16460	578	0.17560
414	0.10890	469	0.14760	524	0.16480	579	0.17580
415	0.10976	470	0.14800	525	0.16500	580	0.17600
416	0.11062	471	0.14840	526	0.16520	581	0.17620
417	0.11149	472	0.14880	527	0.16540	582	0.17640
418	0.11235	473	0.14920	528	0.16560	583	0.17660
419	0.11322	474	0.14960	529	0.16580	584	0.17680
420	0.11408	475	0.15000	530	0.16600	585	0.17700
421	0.11494	476	0.15040	531	0.16620	586	0.17720
422	0.11581	477	0.15080	532	0.16640	587	0.17740
423	0.11667	478	0.15120	533	0.16660	588	0.17760
424	0.11754	479	0.15160	534	0.16680	589	0.17780
425	0.11840	480	0.15200	535	0.16700	590	0.17800
426	0.11926	481	0.15240	536	0.16720	591	0.17820
427	0.12013	482	0.15280	537	0.16740	592	0.17840
428	0.12099	483	0.15320	538	0.16760	593	0.17860
429	0.12186	484	0.15360	539	0.16780	594	0.17880
430	0.12272	485	0.15400	540	0.16800	595	0.17900
431	0.12358	486	0.15440	541	0.16820	596	0.17920
432	0.12445	487	0.15480	542	0.16840	597	0.17940
433	0.12531	488	0.15520	543	0.16860	598	0.17960
434	0.12618	489	0.15560	544	0.16880	599	0.17980
435	0.12704	490	0.15600	545	0.16900	600	0.18000
436	0.12790	491	0.15640	546	0.16920		
437	0.12877	492	0.15680	547	0.16940		

## Part II—Premium Assistance Subsidy Claim and Reconciliation of Advance Payment of Premium Assistance Subsidy

### Line 9 – Allocation of policy amounts

Before you complete line 10, you must complete Part IV if you are allocating policy amounts (see below) with another taxpayer and complete Part V if you want to use the alternative calculation for year of marriage (see below). Both of these situations may apply to you, so be sure to read the rest of the instructions for Line 9.

**Allocating policy amounts.** You need to allocate policy amounts (enrollment premiums, SLCSP premiums, and/or APAS) on form FTB 3895 between your applicable household and another applicable household if:

1. The policy covered at least one individual in your applicable household and at least one individual in another applicable household, and
2. Either:
  - a. You received form FTB 3895 for the policy that does not accurately represent the members of your applicable household who were enrolled in the policy (meaning that it either lists someone who is not in your applicable household or does not list a member of your applicable household who was enrolled in the policy), or
  - b. The other applicable household received form FTB 3895 for the policy that includes a member of your applicable household.

If both 1 and 2 above apply, check the “**Yes**” box. For each policy to which 1 and 2 above apply, follow the instructions in Table 3, Allocation of Policy Amounts—Line 9 to determine which allocation rule applies for that qualified health plan. If 1 and 2 above do not apply, see Alternative calculation for year of marriage.

A qualified health plan may have covered at least one individual in your applicable household and one individual not in your applicable household if:

- You got divorced during the year,
- You are married but filing a separate return from your spouse,
- You or an individual in your applicable household was enrolled in a qualified health plan by someone who is not part of your applicable household (for example, your ex-spouse enrolled a child whom you are claiming as a dependent), or
- You or an individual in your applicable household enrolled someone not part of your applicable household in a qualified health plan (for example, you enrolled a child whom your ex-spouse is claiming as a dependent).

**Example:** One qualified health plan covers Bret, his spouse Paulette, and their daughter Sophia from January through August, and APAS is paid for the coverage of all three. Bret and Paulette divorce on December 10. Bret files a tax return using a head of household filing status and claims Sophia as a dependent. Paulette files a tax return using a filing status of single. Bret and Paulette must allocate the amounts from form FTB 3895 for the months of January through December on their tax returns using the instructions in Table 3.

**Multiple allocations in the same month.** If a qualified health plan covers individuals in your applicable household and individuals in two or more other applicable households for one or more months, see the rules in FTB Pub. 3849A under Allocation of Policy Amounts Among Three or More Taxpayers.

**Example:** One qualified health plan covers Bret, his spouse Paulette, and their daughter Sophia from January through August, and APAS is paid for the coverage of all three. Bret and Paulette divorce on August 26. Bret and Paulette each file a tax return using a filing status of single. Sophia is claimed as a dependent by her grandfather, Mike. Bret, Paulette, and Mike must allocate the amounts from form FTB 3895 for the months of January through August on their tax returns using the worksheets and instructions in FTB Pub. 3849A because amounts on form FTB 3895 must be allocated among three applicable households (Bret’s, Paulette’s, and Mike’s).

**Multiple allocations in different months.** You may need to allocate policy amounts under a qualified health plan using different rules for different months if you had a change in circumstance. Use Table 3, below, to determine which allocation rule to use for each month.

**Example:** Henry enrolled himself, his spouse Cara, and their two dependent children, Heidi and Matt, in a policy for 2020 purchased through the Marketplace. APAS was paid on behalf of each. The couple divorced on June 30. Henry purchased different health insurance for himself through the Marketplace for July through December. Cara also purchased different health insurance through the Marketplace for July through December for herself, Heidi, and Matt. Henry claims Heidi as a dependent on his tax return. Cara claims Matt as a dependent on her tax return. According to Table 3, Henry and Cara will allocate the amounts from the policy for January through June on line 30 using the rules under Allocation Situation 1. Taxpayers divorced or legally separated in 2020, later. For the months Henry and Cara were divorced (July through December), they will allocate the amounts from Cara’s policy for July through December on line 31 using the rules under Allocation Situation 4. Other situations where a policy is shared between two applicable households, later.

**Alternative calculation for year of marriage.** If you got married during 2020 and APAS was paid for an individual in your applicable household, you may want to use the alternative calculation for year of marriage, an optional calculation that may allow you to repay less excess APAS than you would under the general rules. Follow the instructions in Table 4, Alternative Calculation for Year of Marriage Eligibility, to determine whether you qualify for the alternative calculation.

If you need to allocate policy amounts and also are using the alternative calculation for year of marriage, follow the instructions in Table 3 and complete Part IV before you follow the instructions for Table 4 and complete Part V.

If you are not allocating policy amounts and not using the alternative calculation for year of marriage, check the “**No**” box and go to line 10.

### Table 3. Allocation of Policy Amounts—Line 9

Follow Steps 1 through 3 below to determine which allocation rule to use in Part IV—Allocation of Policy Amounts, later, to allocate the policy amounts for each qualified health plan identified in the instructions for line 9. For each policy, if your answer directs you to Part IV, skip directly to the section of the Part IV instructions identified. You **do not** need to complete the remaining steps below.

<b>STEP 1</b>
<p><b>IF</b></p> <ul style="list-style-type: none"> <li>You divorced or legally separated from a spouse in 2020; and</li> <li>For one or more months of marriage, the policy covered at least one individual in your applicable household <b>AND</b> at least one individual in your former spouse's applicable household.</li> </ul> <p><b>THEN</b> allocate using the rules in Part IV - Allocation of Policy Amounts, Allocation Situation 1. Taxpayers divorced or legally separated in 2020. Otherwise, continue to Step 2.</p>
<b>STEP 2</b>
<p><b>IF</b></p> <ul style="list-style-type: none"> <li>You were married at the end of 2020 but are filing a separate return from your spouse; and</li> <li>The policy covered at least one individual in your applicable household <b>AND</b> at least one individual in your spouse's applicable household*</li> </ul> <p><b>THEN</b> allocate using the rules in Part IV - Allocation of Policy Amounts, Allocation Situation 2. Taxpayers married at year end but filing separate returns. Otherwise, continue to Step 3.</p> <p>*Also follow these instructions if you meet the rules in Exception 1—Certain married persons living apart, or Exception 2—Victim of domestic abuse or spousal abandonment, under Definitions, Married taxpayers, earlier, and a policy covered at least one individual in your applicable household <b>AND</b> at least one individual in your spouse's applicable household.</p>
<b>STEP 3</b>
<p><b>IF</b></p> <ul style="list-style-type: none"> <li>No APAS was paid for the policy</li> </ul> <p><b>THEN</b> allocate using the rules in Part IV - Allocation of Policy Amounts, Allocation Situation 3. No APAS. Otherwise, allocate using the rules in Part IV - Allocation of Policy Amounts, Allocation Situation 4. Other situations where a policy is shared between two applicable households.</p>

### Table 4. Alternative Calculation for Year of Marriage Eligibility

Answer questions 1 through 5 below to determine whether you may be eligible to elect the alternative calculation for year of marriage.

<p><b>1</b> Were you and your spouse each unmarried on January 1, 2020?</p> <p><input type="checkbox"/> <b>Yes.</b> Continue to the next question in this table.</p> <p><input type="checkbox"/> <b>No.</b> You are not eligible to elect the alternative calculation. <b>Do not</b> complete Part V. If you did not complete Part IV, check the <b>"No"</b> box on line 9 and continue to line 10. If you completed Part IV, check the <b>"No"</b> box on line 10, skip line 11, and continue to Lines 12 through 23—Monthly Calculation, later.</p>
<p><b>2</b> Were you married on December 31, 2020?</p> <p><input type="checkbox"/> <b>Yes.</b> Continue to the next question in this table.</p> <p><input type="checkbox"/> <b>No.</b> You are not eligible to elect the alternative calculation. <b>Do not</b> complete Part V. If you did not complete Part IV, check the <b>"No"</b> box on line 9 and continue to line 10. If you completed Part IV, check the <b>"No"</b> box on line 10, skip line 11, and continue to Lines 12 through 23—Monthly Calculation, later.</p>
<p><b>3</b> Are you filing a joint return with your spouse for 2020?</p> <p><input type="checkbox"/> <b>Yes.</b> Continue to the next question in this table.</p> <p><input type="checkbox"/> <b>No.</b> You are not eligible to elect the alternative calculation. <b>Do not</b> complete Part V. If you did not complete Part IV, check the <b>"No"</b> box on line 9 and continue to line 10. If you completed Part IV, check the <b>"No"</b> box on line 10, skip line 11, and continue to Lines 12 through 23—Monthly Calculation, later.</p>
<p><b>4</b> Was anyone in your applicable household enrolled in a qualified health plan before your first full month of marriage? (For example, if you got married on July 15, your first full month of marriage was August.)</p> <p><input type="checkbox"/> <b>Yes.</b> Continue to the next question in this table.</p> <p><input type="checkbox"/> <b>No.</b> You are not eligible to elect the alternative calculation. <b>Do not</b> complete Part V. If you did not complete Part IV, check the <b>"No"</b> box on line 9 and continue to line 10. If you completed Part IV, check the <b>"No"</b> box on line 10, skip line 11, and continue to Lines 12 through 23—Monthly Calculation, later.</p>
<p><b>5</b> Was APAS paid for anyone in your applicable household during 2020?</p> <p><input type="checkbox"/> <b>Yes.</b> You are eligible to elect the alternative calculation for year of marriage if excess APAS was paid during 2020.</p> <ul style="list-style-type: none"> <li>If you checked the <b>"No"</b> box on form FTB 3849, line 6, continue to Worksheet 3, Alternative Calculation for Marriage Eligibility, to determine whether excess APAS was paid during 2020.</li> <li>If you checked the <b>"Yes"</b> box on form FTB 3849, line 6, excess APAS was paid, and you are eligible for the alternative calculation. <b>Do not</b> complete Worksheet 3. Instead, see Alternative Calculation for Year of Marriage in FTB Pub. 3849A to determine if electing the alternative calculation reduces your repayment amount.</li> </ul> <p><input type="checkbox"/> <b>No.</b> You are not eligible to elect the alternative calculation. <b>Do not</b> complete Part V. If you did not complete Part IV, check the <b>"No"</b> box on line 9 and continue to line 10. If you completed Part IV, check the <b>"No"</b> box on line 10, skip line 11, and continue to Lines 12 through 23—Monthly Calculation, later.</p>

### Worksheet 3. Alternative Calculation for Marriage Eligibility

If you checked the “Yes” box on Table 4, line 5, and you checked the “No” box on form FTB 3849, line 6, complete this worksheet to determine whether you received excess APAS in 2020.

**CAUTION:** If Part IV—Allocation of Policy Amounts applies to you, **do not** complete this worksheet until you have completed Part IV.

Monthly Calculation	(a) Monthly enrollment premiums (Form(s) FTB 3895, lines 6–17, column a)*	(b) Monthly applicable SLCSP premium (Form(s) FTB 3895, lines 6–17, column b)**	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly federal PTC amount. See instructions for line 11, column (d).	(e) Monthly maximum PAS amount (subtract (c) and (d) from (b), if zero or less, enter -0-)	(f) Monthly PAS amount allowed. See instructions for line 11, column (f).	(g) Monthly APAS amount (Form(s) FTB 3895, lines 6–17, column c)***
1 January							
2 February							
3 March							
4 April							
5 May							
6 June							
7 July							
8 August							
9 September							
10 October							
11 November							
12 December							
<b>13 Totals:</b> Enter the total of column (f), lines 1–12, and the total of column (g), lines 1–12 . . . . .							
<b>14</b> Is line 13, column (f), less than line 13, column (g)?							
<input type="checkbox"/> <b>Yes.</b> Excess APAS was paid in 2020. You are eligible to elect the alternative calculation. See Alternative Calculation for Year of Marriage in FTB Pub. 3849A to determine if electing the alternative calculation reduces your repayment amount.							
<input type="checkbox"/> <b>No.</b> There was no excess APAS paid in 2020. You are not eligible to elect the alternative calculation. <b>Do not</b> complete Part V.							
• If you did not complete Part IV, check the “No” box on line 9 and continue to line 10. If you are required to use lines 12 through 23 of form FTB 3849, enter the amounts from lines 1 through 12 of this worksheet in the lines for the corresponding months and columns on form FTB 3849.							
• If you completed Part IV, check the “No” box on line 10, skip line 11, and enter the amounts from lines 1 through 12 of this worksheet in the lines for the corresponding months and columns of lines 12 through 23 of form FTB 3849.							
*See instructions for lines 12 through 23—Monthly Calculation, column (a), for the amounts to enter on lines 1 through 12, column (a), of this worksheet.							
**See instructions for lines 12 through 23—Monthly Calculation, column (b), for the amounts to enter on lines 1 through 12, column (b), of this worksheet.							
***See instructions for lines 12 through 23—Monthly Calculation, column (c), for the amounts to enter on lines 1 through 12, column (g), of this worksheet.							

## Line 10 – Qualified health plan coverage

Read the following instructions to determine whether you should check the “Yes” box or “No” box and then proceed as directed.

If you were enrolled in a qualified health plan for fewer than 12 months during 2020, check the “No” box and continue to lines 12 through 23.

**Full-year coverage with no changes on form FTB 3895, Part II, columns (a) or (b).** Check the “Yes” box and continue to line 11 if all of the following apply for each qualified health plan you or a member of your applicable household was enrolled in for 2020.

- You were enrolled in the qualified health plan for all 12 months during 2020.
- Your enrollment premium was the same for every month of 2020. Your enrollment premium is reported on form FTB 3895, Part II, column (a), lines 6 through 17.
- Your SLCSP premium is the same for every month of 2020. Your SLCSP premium is reported in on form FTB 3895, Part II, column (b), lines 6 through 17. But see Missing or incorrect SLCSP premium on form FTB 3895 next.

Otherwise, check the “No” box and continue to lines 12 through 23.

### Missing or incorrect SLCSP premium on form FTB 3895.

Generally, there are two situations where your SLCSP premium may not be accurately reflected on your form FTB 3895. If either of these two situations apply to you, or if you have reason to believe the Marketplace reported the wrong applicable SLCSP premium, you must determine the correct applicable SLCSP premium for every month. If the correct applicable SLCSP premium is not the same for every month of 2020, check the “No” box and continue to lines 12 through 23. The two situations in which your SLCSP premium may not be accurately reflected on your form FTB 3895 are:

1. **No APAS was paid for your coverage.** If no APAS was paid for your or your family member’s coverage, the SLCSP premium reported on form FTB 3895, Part II, column (b), lines 6 through 17, may be wrong, left blank, or reported as -0-. To determine your applicable SLCSP premium for each month, get FTB Pub. 3849A. If your correct applicable SLCSP premium is not the same for all 12 months, check the “No” box and continue to lines 12 through 23.
2. **Change in circumstances affecting SLCSP.** If you had a change in circumstances during 2020 that you did not report to the Marketplace, the SLCSP premium reported on form FTB 3895, Part II, column (b), lines 6 through 17, may be wrong.

Examples of changes in circumstances that may affect your applicable SLCSP premium include the following:

- You enrolled an individual newly added to your applicable household during 2020 (for example, a newborn).
- An individual in your applicable household was enrolled in your qualified health plan for some but not all of 2020.
- An individual in your coverage family became eligible for or lost eligibility for employer coverage or other MEC during 2020.
- You are including an individual in your applicable household for the year of coverage, but you did not indicate to the Marketplace at enrollment that you would do so.
- You indicated to the Marketplace at enrollment that you would include an individual in your applicable household for the year of coverage, but you did not do so.
- An individual enrolled in the coverage died during 2020.
- You moved during 2020.

If any of the above apply and you did not notify the Marketplace or if you have reason to believe the Marketplace reported the wrong applicable SLCSP premium, determine the correct applicable SLCSP premium for the months affected. Get FTB Pub. 3849A for information on determining the correct applicable SLCSP premium. If your correct applicable SLCSP premium is not the same for all 12 months, check the “No” box and continue to lines 12 through 23.

**Example 1:** Lee receives a form FTB 3895, which reports in column (a) \$1,000 on lines 6 through 17 for January through December and in

column (b) \$900 on lines 6 through 16 for January through November. However, column (b) reports \$650 for December on line 17 because an individual included in Lee’s coverage family was eligible for MEC (other than coverage in the individual market) for the entire month of December and Lee reported the change to the Marketplace. Lee checks the “No” box on line 10 and completes lines 12 through 23.

**Example 2:** Mike and Susan enroll together in a qualified health plan through the Marketplace. They **do not** have a change in circumstance during the year. They receive a form FTB 3895, which reports \$800 for the enrollment premiums in column (a) on lines 6 through 17 and \$850 for the applicable SLCSP premium in column (b) on lines 6 through 17, for January through December. They check the “Yes” box on form FTB 3849, line 10, and complete line 11 because for each of columns (a) and (b) there is an amount for all 12 months and the amounts did not change.

**Example 3:** The facts are the same as in Example 2 above, but starting on August 1, Mike is eligible for full-scope Medi-Cal, and does not notify the Marketplace. Because Mike is eligible for other MEC, their coverage family changed starting in August. As a result, the applicable SLCSP premium reported on form FTB 3895 for August through December is incorrect and Mike and Susan must determine the correct applicable SLCSP premium for these months by following the instructions in FTB Pub. 3849A. Because the SLCSP premium is not the same for every month of the year, Mike and Susan cannot use line 11 and must complete lines 12 through 23 on form FTB 3849. Mike and Susan check the “No” box on form FTB 3849, line 10, and complete lines 12 through 23. They determine that the applicable SLCSP premium for the coverage family of one (Susan) for August through December is \$400 each month. Mike and Susan enter \$850 in form FTB 3849, lines 12 through 18, column (b), and \$400 in lines 19 through 23, column (b).

## Line 11 – Annual Totals

**Note:** If you checked the “Yes” box on line 10 and you are completing line 11, **do not** complete lines 12 through 23. Once you complete line 11, skip to line 24.

If you checked the “Yes” box on line 6 or you are using filing status married filing separately and Exception 2—Victim of domestic abuse or spousal abandonment, described earlier, does not apply to you, skip columns (a) through (f), and complete only column (g). See the instructions for column (g), Not an applicable taxpayer, for more information and to determine how much you have to repay.

**Column (a).** Enter the annual enrollment premiums from form FTB 3895, line 18, column (a). If you have more than one form FTB 3895, add the amounts together and enter the total on form FTB 3849, line 11, column (a). This amount is the total of your enrollment premiums for the year, including the portion paid by APAS.

- If both you and your RDP signed up for coverage through the Marketplace, you and your RDP will receive separate forms FTB 3895 from the Marketplace. Add the amounts together and enter the total on form FTB 3849, line 11, column (a).
- If you or a member of your applicable household was enrolled in a stand-alone dental plan that provided pediatric benefits, the portion of the dental plan premiums for the pediatric benefits will be included in the amount on form FTB 3895, column (a), that reports the coverage in your primary health plan. If your plan covered benefits that are not essential health benefits, such as adult dental or vision benefits, the amount in this column will be reduced by the premiums for the non-essential benefits.

**Column (b).** Enter the annual applicable SLCSP premium from form FTB 3895, line 18, column (b). If you have more than one form FTB 3895, enter the amount as follows.

- If individuals in your coverage family enrolled in more than one policy through the Marketplace, you will receive a form FTB 3895 for each policy. The Marketplace should have entered the same SLCSP premium, which applies to all members of your coverage family, on each form FTB 3895. Enter the amount from line 18, column (b) of **only one** form FTB 3895 – **do not** add the amounts from each form.

- If you got married in December 2020 and you and your spouse, or individuals in your and your spouse's applicable household, were enrolled in separate qualified health plans, add the amounts from form FTB 3895, line 18, column (b), for each plan (or plans) and enter the total.
- If you got married in any month other than December, your applicable SLCSP premium may not be the same for every month. If it is not the same for every month, you cannot use line 11. Use lines 12 through 23 instead.

**Need to determine applicable SLCSP premium.** If during 2020, your coverage family changed or you moved and you did not notify the Marketplace, or if no APAS was paid, the applicable SLCSP premium reported on your forms FTB 3895 may be missing or incorrect. See Specific Instructions, Line 10, Missing or incorrect SLCSP premium on form FTB 3895, to determine your correct applicable SLCSP premium to enter in column (b).

**Column (c).** Enter the amount from form FTB 3849, line 8a.

**Column (d).** If you entered -0- in line 11, column (a), enter -0- in line 11, column (d).

If your line 5 percentage is:

- Less than 400%, use Worksheet 4. Annual Federal PTC Amount.
- 400% and you did not drop a decimal value to arrive at 400, use Worksheet 4.
- 400% and you dropped a decimal value to arrive at 400, enter -0-.
- Greater than 400%, enter -0-.

#### Worksheet 4. Annual Federal PTC Amount

1. Enter your federal applicable figure from Table 5, Federal Applicable Figure, using the percentage from form FTB 3849, line 5, to locate the figure on the table. .... 1. \_\_\_\_\_
2. Enter the amount from form FTB 3849, line 3 . . . . 2. \_\_\_\_\_
3. Multiply the amount from line 1 above by the amount from line 2 above. Round to nearest whole dollar amount. This is your federal annual contribution amount. . . 3. \_\_\_\_\_
4. Enter the amount from form FTB 3849, line 11, column (b) . . . . . 4. \_\_\_\_\_
5. Subtract the amount from line 3 above from line 4 above. This is your maximum federal PTC amount. If zero or less, enter -0-. . . . . 5. \_\_\_\_\_
6. Enter the value from form FTB 3849, line 11, column (a) . . . . . 6. \_\_\_\_\_
7. Enter the smaller of line 6 above and line 5 above. This is your federal PTC amount. Enter this amount on form FTB 3849, line 11, column (d). . . . . 7. \_\_\_\_\_

**Column (e).** Subtract the amounts in column (c) and column (d) from the amount in column (b). If the result is zero or less, enter -0-.

**Column (f).** If the amount in line 11, column (e) is -0-, enter -0-. If in Worksheet 4, you entered the value from line 6 as the smaller value in line 7, enter -0-.

If in Worksheet 4, you entered the value from line 5 as the smaller value in line 7, then use Worksheet 5, Annual PAS Amount, to determine the value on form FTB 3849, line 11, column (f).

If the value on form FTB 3849, line 5, is greater than 400 but less than or equal to 600, then use Worksheet 5 to determine the value of line 11, column (f). Greater than 400 means you had to drop a decimal value to arrive at 400.

#### Worksheet 5. Annual PAS Amount

1. Enter the value from form FTB 3849, line 11, column (a) . . . . . 1. \_\_\_\_\_
2. Enter the value from form FTB 3849, line 11, column (d) . . . . . 2. \_\_\_\_\_
3. Subtract the value from line 2 above from line 1 above. If zero or less, enter -0-. . . . . 3. \_\_\_\_\_
4. Enter the value from form FTB 3849, line 11, column (e) . . . . . 4. \_\_\_\_\_
5. Enter the smaller of line 4 above and line 3 above. This is your PAS allowed. Enter this amount on form FTB 3849, line 11, column (f) . . . . . 5. \_\_\_\_\_

**Column (g).** Enter the APAS amount from form FTB 3895, line 18, column (c). If you have more than one form FTB 3895, add the amounts together and enter the total on form FTB 3849, line 11, column (g).

**Not an applicable taxpayer.** If you are not an applicable taxpayer because your household income is greater than 138% up to and equal to 200%, or over 600% of the federal poverty line, or you are using filing status married filing separately and Exception 2—Victim of domestic abuse or spousal abandonment, earlier, does not apply to you, you cannot take the PAS. You must repay some or all of the APAS entered on line 11, column (g). To complete the rest of the form, skip lines 12 through 23, enter -0- on line 24, and enter the amount from line 11, column (g), on lines 25 and 27. Then complete lines 28 (if it applies to you) and 29. Enter the amount from line 29 on Form 540, line 64, or Form 540NR, line 74.



**Table 5. Federal Applicable Figure**

IF form FTB 3849, line 5 is...	ENTER on Worksheet 4 and Worksheet 6, line 1...	IF form FTB 3849, line 5 is...	ENTER on Worksheet 4 and Worksheet 6, line 1...	IF form FTB 3849, line 5 is...	ENTER on Worksheet 4 and Worksheet 6, line 1...	IF form FTB 3849, line 5 is...	ENTER on Worksheet 4 and Worksheet 6, line 1...
Less than 133	0.0206	220	0.0721	247	0.0818	274	0.0901
133	0.0309	221	0.0725	248	0.0822	275	0.0904
134	0.0315	222	0.0728	249	0.0825	276	0.0906
135	0.0321	223	0.0732	250	0.0829	277	0.0909
136	0.0327	224	0.0735	251	0.0832	278	0.0912
137	0.0333	225	0.0739	252	0.0835	279	0.0915
138	0.0339	226	0.0743	253	0.0838	280	0.0918
200	0.0649	227	0.0746	254	0.0841	281	0.0921
201	0.0653	228	0.0750	255	0.0844	282	0.0924
202	0.0656	229	0.0753	256	0.0847	283	0.0927
203	0.0660	230	0.0757	257	0.0850	284	0.0930
204	0.0663	231	0.0761	258	0.0853	285	0.0933
205	0.0667	232	0.0764	259	0.0856	286	0.0936
206	0.0671	233	0.0768	260	0.0859	287	0.0939
207	0.0674	234	0.0771	261	0.0862	288	0.0942
208	0.0678	235	0.0775	262	0.0865	289	0.0945
209	0.0681	236	0.0779	263	0.0868	290	0.0948
210	0.0685	237	0.0782	264	0.0871	291	0.0951
211	0.0689	238	0.0786	265	0.0874	292	0.0954
212	0.0692	239	0.0789	266	0.0877	293	0.0957
213	0.0696	240	0.0793	267	0.0880	294	0.0960
214	0.0699	241	0.0797	268	0.0883	295	0.0963
215	0.0703	242	0.0800	269	0.0886	296	0.0966
216	0.0707	243	0.0804	270	0.0889	297	0.0969
217	0.0710	244	0.0807	271	0.0892	298	0.0972
218	0.0714	245	0.0811	272	0.0895	299	0.0975
219	0.0717	246	0.0815	273	0.0898	300 thru 400	0.0978

**Lines 12 through 23 – Monthly Calculation**

**Note:** If you checked the “No” box on line 10 and you are completing lines 12 through 23, **do not** complete line 11.

If you checked the “Yes” box on line 6 and you did not elect the alternative calculation for year of marriage or you are using filing status married filing separately and Exception 2—Victim of domestic abuse or spousal abandonment, earlier, **does not** apply to you, skip columns (a) through (f), and complete only column (g). See the instructions for column (g), Not an applicable taxpayer, for more information and to determine how much you have to repay.

**Column (a).** Enter on lines 12 through 23, column (a), the amount of the monthly premiums reported on form FTB 3895, lines 6 through 17, column (a), for the corresponding month. If you have more than one form FTB 3895 affecting a particular month, add the amounts together for that month and enter the total on the appropriate line on form FTB 3849, column (a). This amount is the total of your enrollment premiums for the month, including the portion paid by APAS.

If a -0- appears on form FTB 3895, on any of lines 6 through 17, column (a), you are not entitled to a monthly PAS amount for that month because enrollment premiums were not paid. Enter -0- on the appropriate line on form FTB 3849, column (a).

If you completed Part IV—Allocation of Policy Amounts for any form FTB 3895, add the monthly premium amounts allocated to you, if any, using the allocation percentage you entered on form FTB 3849, lines 30 through 33, column (e), to the monthly premiums for other policies that you did not allocate.

**Column (b).** Enter on lines 12 through 23, column (b), the amount of the monthly applicable SLCSP premium reported on form FTB 3895, lines 6

through 17, column (b), for the corresponding month. If you have more than one form FTB 3895 showing coverage in a particular month, use the following rules to determine the amounts to enter on form FTB 3849, column (b), for that month.

- If individuals in your coverage family enrolled in separate policies through the Marketplace, you will receive a form FTB 3895 for each policy. The Marketplace should have entered the same SLCSP premium, which applies to all members of your coverage family for coverage that month, on each form FTB 3895. Enter the amount from column (b) of **only one** form FTB 3895—**do not** add the amounts from each form. Enter this amount on form FTB 3849, lines 12 through 23, column (b). See Marriage in 2020, later, if you got married during 2020.
- If you completed Part IV—Allocation of Policy Amounts for any form FTB 3895, add the amounts of applicable SLCSP premium allocated to you, if any, using the allocation percentage you entered on form FTB 3849, lines 30 through 33, column (e), to the applicable SLCSP premium shown on the form(s) FTB 3895 that you did not allocate.
- If a -0- appears on form FTB 3895, on any of lines 6 through 17, column (a), you are not entitled to a monthly PAS amount for that month because your enrollment premiums were not paid. Enter -0- on the appropriate line on form FTB 3849, column (b).

**Need to determine correct applicable SLCSP premium.** If during 2020 your coverage family changed or you moved and you did not notify the Marketplace, or if no APAS was paid, the applicable SLCSP premium reported on your form(s) FTB 3895 may be missing or incorrect. See Specific Instructions, Line 10, Missing or incorrect SLCSP premium on form FTB 3895, to determine your correct applicable SLCSP premium to enter in column (b).

**Marriage in 2020.** If you got married in 2020 and you and your spouse/RDP (or individuals in your applicable household) were enrolled in separate qualified health plans during months prior to your first full month of marriage, add together the amounts from form FTB 3895, column (b), for each plan (or plans) and enter the total. If you completed Part V—Alternative Calculation for Year of Marriage, use the instructions in FTB Pub. 3849A for the entries to make for your pre-marriage months.

**Column (c).** If you did not complete Part V—Alternative Calculation for Year of Marriage, enter on lines 12 through 23, column (c), your monthly contribution amount from line 8b. If columns (a) and (b) of any of lines 12 through 23 are blank, leave column (c) of the corresponding line blank.

If you completed Part V—Alternative Calculation for Year of Marriage, get FTB Pub. 3849A for how to complete column (c).

**Column (d).** If you entered -0- in applicable lines 12-23, column (a), enter -0- in applicable lines 12-23, column (d).

If your line 5 percentage is:

- Less than 400%, use Worksheet 6. Monthly Federal PTC Amount.
- 400% and you did not drop a decimal value to arrive at 400, use Worksheet 6.
- 400% and you dropped a decimal value to arrive at 400, enter -0-.
- Greater than 400%, enter -0-.

The worksheet needs to be completed for each month in the applicable lines 12 - 23, column (d).

### Worksheet 6. Monthly Federal PTC Amount

1. Enter your federal applicable figure from Table 5. Federal Applicable Figure, using the percentage from form FTB 3849, line 5, to locate the figure on the table . . . . . 1. \_\_\_\_\_
2. Enter the amount from form FTB 3849, line 3 . . . . . 2. \_\_\_\_\_
3. Multiply the amount from line 1 above by line 2 above. Round to nearest whole dollar amount. This is your federal annual contribution amount. . . . . 3. \_\_\_\_\_
4. Divide the amount from line 3 above by 12. Round to the nearest whole dollar amount. This is your monthly federal contribution amount . . . . . 4. \_\_\_\_\_
5. Enter the amount from form FTB 3849, applicable line 12-23, column (b) . . . . . 5. \_\_\_\_\_
6. Subtract line 4 above from line 5 above. This is your maximum monthly federal PTC amount. If zero or less, enter -0- . . . . . 6. \_\_\_\_\_
7. Enter the value from form FTB 3849, applicable line 12-23, column (a) . . . . . 7. \_\_\_\_\_
8. Enter the smaller of line 7 above and line 6 above. This is your monthly federal PTC amount. Enter this amount form FTB 3849, applicable line 12-23, column (d) . . . . . 8. \_\_\_\_\_

**Column (e).** If you entered -0- in applicable lines 12-23, column (a), enter -0- in applicable lines 12-23, column (e). Otherwise, subtract the amounts in column (c) and column (d) from the amount in column (b).

**Column (f).** If the amount in the applicable lines 12-23, column (a) is -0-, enter -0- in the applicable lines 12-23, column (f).

If the amount in the applicable lines 12-23, column (e) is -0-, enter -0- in the applicable lines 12-23, column (f).

If in Worksheet 6, you entered the value from line 7 as the smaller value in line 8, enter -0- in the applicable lines 12-23, column (f).

If in Worksheet 6, you entered the value from line 6 as the smaller value in line 8, then use Worksheet 7. Monthly PAS Amount, below to determine the value of applicable lines 12-23, column (f).

If the value from form FTB 3849, line 5, is greater than 400 but less than or equal to 600, then use Worksheet 7 to determine the value of applicable lines 12-23, column (f). Greater than 400 means you had to drop a decimal value to arrive at 400.

The worksheet needs to be completed for each month in the applicable lines 12-23, column (d).

### Worksheet 7. Monthly PAS Amount

1. Enter the value from form FTB 3849, applicable line 12-23, column (a) . . . . . 1. \_\_\_\_\_
2. Enter the value from form FTB 3849, applicable line 12-23, column (d) . . . . . 2. \_\_\_\_\_
3. Subtract the value in line 2 above from the value in line 1 above. If zero or less, enter -0- . . . . . 3. \_\_\_\_\_
4. Enter the value from form FTB 3849, applicable line 12-23, column (e) . . . . . 4. \_\_\_\_\_
5. Enter the smaller of line 4 above and line 3 above. This is your PAS for the month. Enter this amount on form FTB 3849, applicable line 12-23, column (f) . . . . . 5. \_\_\_\_\_

**Column (g).** Enter on lines 12 through 23, column (g), the amount of the monthly APAS reported on form FTB 3895, lines 6 through 17, column (c). If you have more than one form FTB 3895 affecting a particular month, add the amounts together for that month and enter the total on the appropriate line on form FTB 3849, column (g).

If you completed Part IV—Allocation of Policy Amounts for any form FTB 3895, include only the amounts of the monthly APAS allocated to you, if any, using the allocation percentage you entered on form FTB 3849, lines 30 through 33, column (g), and combine that amount with the amounts of the monthly APAS for other policies that you did not allocate.

**Not an applicable taxpayer.** If you are not an applicable taxpayer because your household income is greater than 138% up to and equal to 200%, or over 600% of the federal poverty line or you are using filing status married filing separately and Exception 2—Victim of domestic abuse or spousal abandonment, earlier, does not apply to you, then you must repay all of the total APAS entered on lines 12 through 23, column (g) (unless the alternative calculation for year of marriage rule applies to you and you are able to reduce your repayment amount, or you are filing married filing separately and a repayment limitation applies). To complete the rest of the form, enter -0- on line 24, and enter the total of lines 12 through 23, column (g), on lines 25 and 27. Then complete lines 28 (if it applies to you) and 29. Enter the amount from line 29 on Form 540, line 64, or Form 540NR, line 74.

**Example:** Melissa and Ryan have been married since 2019 and have no dependents. They were enrolled under the same qualified health plan from January through April 2020. Monthly APAS of \$1,000 was paid for them, for a total of \$4,000. In April, Ryan took a new job and enrolled in his employer's coverage for May through December. Melissa enrolled in single coverage in a qualified health plan from May through December. Monthly APAS of \$400 was paid for her, for a total of \$3,200. Melissa and Ryan lived apart for most of 2020 and each filed a separate return for 2020.

At the end of the year, Melissa or Ryan will receive form FTB 3895 reporting their coverage for January through April. The recipient of form FTB 3895 should provide a copy to the non-recipient. Melissa will receive form FTB 3895 reporting her coverage for May through December. Because Melissa and Ryan are married but not filing a joint return and neither Exception 1—Certain married persons living apart nor Exception 2—Victim of domestic abuse or spousal abandonment applies, neither spouse is allowed a PAS for 2020. According to Table 3, they follow the rules under Allocation Situation 2. Taxpayers married at year end but filing separate returns to allocate the APAS for the January through April coverage. (The other policy amounts are not allocated because neither spouse is allowed a PAS.) Under Allocation Situation 2. Taxpayers married at year end but filing separate returns, 50% of the \$4,000 APAS (\$2,000) is allocated to Melissa and 50% is allocated to Ryan. Melissa must add this amount to her APAS of \$3,200 for her single coverage. She enters the monthly amounts on lines 12 through 23, column (g) (\$500 for January through April and \$400 for May through December), and the total of \$5,200 on form FTB 3849, lines 25 and 27. She then completes lines 28 (if it applies to her) and 29. Melissa enters the amount from line 29 on the applicable line of her tax return.

Ryan enters the monthly amounts allocated to him on form FTB 3849, lines 12 through 15, column (g) (\$500 for January through April), and the total of \$2,000 on lines 25 and 27. He then completes lines 28 (if it applies to him) and 29. Ryan enters the amount from line 29 on the applicable line of his tax return.

**Individual you enrolled who is not included in an applicable household.** If you indicated to the Marketplace at enrollment that you would claim an individual in your applicable household for the year of coverage but the individual is not included in any applicable household for the year of coverage, you must report any APAS paid for that individual's coverage. Follow the rules in column (g), earlier, to report this APAS.

**Line 24 – Total PAS**

Enter the amount from line 11, column (f), or add lines 12 through 23, column (f), and enter the total.

**Line 25 – Advance payment of PAS**

Enter the amount from line 11, column (g), or add lines 12 through 23, column (g), and enter the total.

**Line 26 – Net PAS**

If line 24 is greater than line 25, subtract line 25 from line 24 and enter the result on line 26. This result is the amount of your PAS that is more than the APAS paid, your net PAS. This amount will reduce the amount of tax you must pay with your tax return or increase your refund. Also enter the amount from line 26 on Form 540, line 77, or Form 540NR, line 87. Skip lines 27 through 29. If line 24 is equal to line 25, enter -0- on line 26 and skip lines 27 through 29.

If you elected the alternative calculation for year of marriage, and line 24 is greater than line 25, enter -0- on line 26 and skip lines 27 through 29.

If line 25 is greater than line 24, leave line 26 blank and go to Part III.

**Part III — Repayment of Excess Advance Payment of the Premium Assistance Subsidy**

Complete this part to figure the amount of excess APAS you must repay.

**Line 27 – Excess advance payment of PAS**

If line 25 is greater than line 24, subtract line 24 from line 25 and enter the result.

**Line 28 – Repayment limitation**

The excess APAS you must repay may be limited to the amounts in Table 6. Enter the appropriate amount from Table 6 on line 28. If you were married at the end of 2020 but are filing separately from your spouse, the repayment limitations shown in Table 6 apply to you and your spouse separately based on the household income reported on each return.

**Excess APAS not limited to amounts in Table 6.** In the following situations, excess APAS is not limited to the amounts in Table 6.

Leave line 28 blank and enter the amount from line 27 on line 29 if any of the following situations apply to you:

- Your entry on form FTB 3849, line 5, is 700 or greater.
- The “Repayment cap may not apply” checkbox on form FTB 3895 is checked and the result of the computation on Worksheet 2, line 3, is exactly 400 or less. (Exactly 400 means you did not have any number after the decimal point.)

If APAS was paid for the coverage in a qualified health plan of an individual who was not lawfully present, the repayment limitation does not apply to APAS paid for individuals who are not California residents.

If you enter zero on form FTB 3849, line 1, repayment limitation does not apply.

**Table 6. Repayment Limitation**

IF the amount on form FTB 3849, line 5 is...	THEN enter on line 28...	
	for a filing status of Single—	for any other filing status—
Less than 200 . . . . .	\$300	\$600
At least 200 but less than 300 . . .	\$775	\$1,550
At least 300 but less than 400 . . .	\$1,300	\$2,600
At least 400 but less than 500 . . .	\$2,000	\$4,000
At least 500 but less than 600 . . .	\$3,000	\$6,000
At least 600 but less than 700 . . .	\$4,200	\$8,400
700 or greater . . . . .	leave line 28 blank	

**Line 29 – Excess APAS repayment**

Enter the smaller of line 27 or line 28. If line 28 is blank, enter the amount from line 27 on line 29. Also enter the amount from form FTB 3849, line 29, on Form 540, line 64, or Form 540NR, line 74.

**Part IV — Allocation of Policy Amounts**

See the instructions for Line 1 and Line 9 to determine whether you need to complete Part IV. If you complete Part IV, check the “No” box on line 10.

**Specific Allocation Situations**

**Allocation Situation 1. Taxpayers divorced or legally separated in 2020.**

You and your former spouse must allocate policy amounts on your separate returns to figure your PAS and reconcile it with your APAS if both of the following apply.

- You and your former spouse were married to each other at some point during 2020 but were no longer married to each other at the end of 2020.
- For one or more months of marriage, you and your former spouse were enrolled in the same qualified health plan, or you or an individual in your applicable household (as shown on your tax return) was enrolled in the same policy as your former spouse or as an individual in your former spouse's applicable household.

You will allocate between you and your former spouse the total enrollment premiums, the applicable SLCSPP premium, and APAS for coverage under the plan during the months you were married. You will find these amounts on your form(s) FTB 3895, Part II, columns (a), (b), and (c), respectively. You and your former spouse may agree to allocate any percentage (from 0% to 100%) of these amounts to one of you (with the remainder allocated to the other), but you must allocate all three amounts using the same percentage. If you **do not** agree on a percentage, you and your former spouse must allocate 50% of each of these amounts to you and 50% of each to your former spouse.

**Policy amounts allocated 100%.** If 100% of policy amounts are allocated to you, check “**Yes**” on line 9 and complete Part IV by entering 100 in the appropriate box(es) for your allocation percentage. If 0% of the policy amounts are allocated to you, complete Part IV by entering -0- in the appropriate box(es) for your allocation percentage.

**Example 1:** Keith and Stephanie are married at the beginning of 2020 and have three children, Ben, Grace, and Max. In January, Keith enrolls Ben, Grace, and Max in a qualified health plan beginning in January. Keith and Stephanie divorce in July. The children become eligible for and enroll in government-sponsored health coverage and disenroll from the qualified health plan, effective August 1. According to Table 3, Keith and Stephanie follow the rules under Allocation Situation 1. Taxpayers divorced or legally separated in 2020.

Keith claims Ben and Grace as dependents and Stephanie claims Max as a dependent for 2020. Keith and Stephanie agree to allocate the policy amounts 33% to Stephanie and 67% to Keith. Therefore, 33% of the enrollment premium, the applicable SLCSPP premiums, and APAS are allocated to Stephanie and 67% of these amounts are allocated to Keith. The allocation is only for the months Keith and Stephanie were married.

On her form FTB 3849, Part IV, line 30, Stephanie enters Keith's social security number in column (b) and enters “0.33” in columns (e), (f), and (g). On his form FTB 3849, Part IV, line 30, Keith enters Stephanie's social security number in column (b) and enters “0.67” in columns (e), (f), and (g). Stephanie and Keith both enter “01” in column (c) and “07” in column (d).

**Example 2:** The facts are the same as in Example 1 except that Keith and Stephanie cannot agree on an allocation percentage. Therefore, 50% of the enrollment premiums, the applicable SLCSPP premium, and APAS are allocated to each taxpayer. On their forms FTB 3849, Part IV, line 30, Keith and Stephanie each enter “0.50” in columns (e), (f), and (g).

**Allocation Situation 2. Taxpayers married at year end but filing separate returns.** You and your spouse must equally allocate (50% to each spouse) certain policy amounts if all of the following conditions are met.

- You were married at the end of 2020.
- You are filing a separate return from your spouse.
- You or an individual in your applicable household was enrolled in the same policy as your spouse or an individual in your spouse's applicable household at any time during 2020.

Married individuals who file separate returns are generally not eligible to take the PAS. However, you may be able to take the PAS if you meet either of the following conditions:

- You file a return as single or head of household (see Exception 1—Certain married persons living apart under Married taxpayers, earlier).
- You file a return as married filing separately due to domestic abuse or spousal abandonment (see Exception 2—Victim of domestic abuse or spousal abandonment under Married taxpayers, earlier).

If Exception 1 or Exception 2 applies, follow the rules in the next paragraph. If neither exception applies, see Married filing separately (not in Exception 2—Victim of domestic abuse or spousal abandonment), later.

**Exception 1—Certain married persons living apart or Exception 2—Victim of domestic abuse or spousal abandonment.** Enter “0.50” in columns (e) and (g) of the appropriate line in Part IV to allocate the enrollment premium and APAS. Leave column (f) blank because you **do not** allocate the applicable SLCSPP premium. Instead, enter the SLCSPP

premium that applies to your coverage family on lines 12 through 23. See Example 1 and Example 2, later.

**Note:** If you enrolled in coverage in the Marketplace with your spouse, or with another individual who is not in your applicable household, your coverage family and applicable SLCSPP premium may be different from the coverage family and applicable SLCSPP premium the Marketplace used to determine the amount of your APAS. In that case you must use a different applicable SLCSPP premium to calculate your assistance subsidy than the amount reported on form FTB 3895, Part II, column (b). Get FTB Pub. 3849A for information on determining the correct applicable SLCSPP premium or go to [coveredca.com](http://coveredca.com).

**Married filing separately (not in Exception 2—Victim of domestic abuse or spousal abandonment).** Enter “0.50” in column (g) of the appropriate line in Part IV to allocate the APAS. Leave columns (e) and (f) blank. You must repay the APAS allocated to you subject to the limit on line 28 because you are not an applicable taxpayer. See Example 3 and Example 4, later.

**Example 1:** John and Carol are married at the end of 2020 and have one child, Mark. John and Carol enrolled in a qualified health plan for 2020. The plan covered John, Carol, and Mark, with an annual premium of \$14,000 and APAS of \$8,500, which applied to the coverage for all of the individuals. John moved out of the residence on May 15. Carol and Mark continued to reside at the residence. John and Carol file separate returns for 2020. Carol qualifies to file her return as head of household. John files his return as married filing separately. Carol claims Mark as her dependent. Because Carol and John are not filing a joint return, they each have their own applicable households, which are different from the applicable household they indicated to the Marketplace they expected to have when they enrolled. Carol's household size is two because John is not in her applicable household. Carol's federal poverty line percentage is determined using only her and Mark's modified AGI. John's modified AGI is not included because he is not in Carol's applicable household. According to Table 3, John and Carol follow the rules under Allocation Situation 2. Taxpayers married at year end but filing separate returns.

Because John is not in Carol's applicable household, he is not in her coverage family, which consists of Carol and her dependent, Mark, for purposes of determining her applicable SLCSPP premium. If neither John nor Carol notifies the Marketplace about the change in family circumstances, the form FTB 3895 that Carol or John receives will report in column (b) the applicable SLCSPP premium that covers Carol, Mark, and John, which will be incorrect. Carol looks up the SLCSPP premium that applies to her and Mark.

Carol takes into account \$7,000 ( $\$14,000 \times 0.50$ ) of the premiums of the plan in which she and Mark were enrolled in figuring her PAS. Carol must then reconcile \$4,250 ( $\$8,500 \times 0.50$ ) of the APAS for her coverage. Amounts from this policy are allocated for all months Carol and John were enrolled. On her form FTB 3849, Part IV, line 30, Carol enters John's social security number in column (b) and enters “0.50” in columns (e) and (g). Column (f) is left blank. Instead of allocating the applicable SLCSPP premium, Carol will enter the applicable SLCSPP premium that applies to her and Mark.

Because John is filing his tax return as married filing separately and no exception to the married filing jointly requirement applies, he is not an applicable taxpayer and must repay the \$4,250 in APAS allocated to him, subject to the repayment limitations on line 28. On his form FTB 3849, Part IV, line 30, John enters Carol's social security number in column (b) and enters “0.50” in column (g). John leaves columns (e) and (f) blank because he is not an applicable taxpayer and cannot take the PAS.

**Example 2:** Kevin and Nancy are married at the end of 2020 and have no dependents. Kevin and Nancy are enrolled in a qualified health plan for 2020 with an annual premium of \$10,000 and APAS of \$6,500. According to Table 3, Kevin and Nancy follow the rules under Allocation Situation 2. Taxpayers married at year end but filing separate returns. Nancy is a victim of domestic abuse and is unable to file a joint return under the rules outlined in Exception 2—Victim of domestic abuse or spousal abandonment under Married taxpayers, earlier. Nancy files her return using the filing status married filing separately and checks the box on the front of form FTB 3849.

Nancy's household size for 2020 is one (Nancy). Nancy is the only person in her coverage family. If neither Kevin nor Nancy notifies the Marketplace about the change in family circumstances, the form FTB 3895 that Kevin or Nancy receives will report in column (b) the premium for the applicable SLCSP that covers Nancy and Kevin, which will be incorrect. Nancy must determine the correct premium for the applicable SLCSP covering only Nancy. Nancy looks up her correct premium for the applicable SLCSP.

Nancy's federal poverty line percentage is determined using Nancy's modified AGI and her household size of one. Nancy takes into account \$5,000 ( $\$10,000 \times 0.50$ ) of the enrollment premiums in figuring her PAS. Nancy must reconcile \$3,250 ( $\$6,500 \times 0.50$ ) of the APAS for her coverage. On her form FTB 3849, Part IV, line 30, Nancy enters Kevin's social security number in column (b) and enters "0.50" in columns (e) and (g). Column (f) is left blank. Instead of allocating the applicable SLCSP premium, Nancy will enter the applicable SLCSP premium that applies to Nancy. Nancy enters this amount on the applicable line 12 through 23, column (b).

**Example 3:** For 2020, Michael and Colleen are married with no dependents and are enrolled in a qualified health plan. APAS of \$8,700 is paid for them during 2020. Michael and Colleen each file their returns for 2020 as married filing separately and Exception 2—Victim of domestic abuse or spousal abandonment does not apply to either of them. According to Table 3, Michael and Colleen follow the rules under Allocation Situation 2. Taxpayers married at year end but filing separate returns. Michael and Colleen are not applicable taxpayers and cannot take the PAS. They must allocate the \$8,700 APAS one-half (50%) to Michael and one-half (50%) to Colleen. On her form FTB 3849, Part IV, line 30, Colleen enters Michael's social security number in column (b) and enters "0.50" in column (g). On his form FTB 3849, Part IV, line 30, Michael enters Colleen's social security number in column (b) and enters "0.50" in column (g).

**Example 4:** The facts are the same as Example 3 except that only Colleen is covered under the policy. Because Michael and Colleen are not applicable taxpayers and cannot take the PAS, Colleen does not complete Part IV of her form FTB 3849. She reports all of the APAS on line 11 or lines 12 through 23, whichever applies. Michael does not file form FTB 3849 because he was not enrolled in a qualified health plan.

**Allocation Situation 3. No APAS.** If this allocation situation applies, the enrollment premiums are allocated in proportion to the SLCSP premium that applies to each taxpayer's coverage family. If no APAS was paid for the policy, the Marketplace may not know which enrollees are in which applicable household, and therefore may furnish only one form FTB 3895 showing the total premium. When this happens, the taxpayer receiving the form FTB 3895 should provide a copy to the other taxpayers. You and the other taxpayer must complete only column (e) on the appropriate line in Part IV to allocate the enrollment premiums to each family. See Specific Instructions, Line 10, Missing or incorrect SLCSP premium on form FTB 3895, to determine your correct applicable SLCSP premium.

**Example:** Gary and his 25-year-old nondependent son, Jim, enroll in a qualified health plan. Jim has no dependents. The policy covers Gary, Jim, and Gary's two young daughters who are Gary's dependents. No APAS is paid for this policy. The form FTB 3895 furnished by the Marketplace to Gary shows an enrollment premium of \$15,000 for the year and the SLCSP premium that applies to a coverage family that incorrectly includes Gary, Gary's daughters, and Jim. Gary and Jim determine that the SLCSP premium that applies to Gary and his two dependents is \$12,000 and the SLCSP premium that applies to Jim is \$6,000. Gary and Jim are applicable taxpayers and each can take the PAS. According to Table 3, Gary and Jim use the rules under Allocation Situation 3. No APAS.

Gary computes his assistance subsidy using his household income and household size of three, and the applicable SLCSP premium for a coverage family of three of \$12,000. Jim computes his assistance subsidy using his household income and household size of one, and the applicable SLCSP premium for a coverage family of one of \$6,000.

Gary and Jim must allocate the enrollment premiums of \$15,000 reported on the form FTB 3895, Part II, column (a), in proportion to each taxpayer's applicable SLCSP premium as follows. Gary's allocated enrollment premiums are \$10,000 ( $\$15,000 \times \$12,000/\$18,000$ ) (67% of the total premiums of \$15,000) and Jim's allocated enrollment premiums are \$5,000 ( $\$15,000 \times \$6,000/\$18,000$ ) (33% of the total premiums of \$15,000).

Gary enters Jim's social security number on line 30, column (b), and enters "0.67" in column (e). Jim enters Gary's social security number on line 30, column (b), and enters "0.33" in column (e). Gary and Jim leave line 30, columns (f) and (g), blank.

**Allocation Situation 4. Other situations where a policy is shared between two applicable households.** Complete Part IV using the rules in this section if you need to allocate policy amounts and Allocation Situations 1 through 3 do not apply.

Allocation Situation 4 generally applies if another taxpayer indicated to the Marketplace that their applicable household would include an individual you are including in your applicable household, or you indicated to the Marketplace that you would include in your applicable household an individual being included in the applicable household of another taxpayer, and APAS was paid on behalf of the individual. In such cases, the form FTB 3895 sent by the Marketplace for the policy does not accurately reflect the members of your coverage family and the other taxpayer's coverage family. Therefore, you and the other applicable household must allocate the enrollment premiums, the APAS, and the applicable SLCSP premium so that each family is able to compute their PAS and reconcile their PAS with the APAS paid for their coverage.

Under the rules in this section, you and the other taxpayer may agree on any allocation of the policy amounts between the two of you. You may use the percentage you agreed on for every month for which this allocation rule applies, or you may agree on different percentages for different months. However, you must use the same allocation percentage for all policy amounts (enrollment premiums, applicable SLCSP premiums, and APAS) in a month. If you cannot agree on an allocation percentage, each taxpayer's allocation percentage is equal to the number of individuals enrolled by one taxpayer who are included in the applicable household of the other taxpayer for the tax year divided by the total number of individuals enrolled in the same policy as the individual(s). The allocation percentage you use and that you put on line 30 of form FTB 3849 is the percentage of the policy amounts for the coverage that you will use to compute your PAS and reconcile APAS.

**Policy amounts allocated 100%.** If 100% of the policy amounts are allocated to you, check "Yes" on line 9 and complete Part IV by entering 100 in the appropriate box(es) for your allocation percentage. If 0% of the policy amounts are allocated to you, complete Part IV by entering -0- in the appropriate box(es) for your allocation percentage.

**Note:** If APAS is paid for coverage of an individual who is not included in an applicable household, the taxpayer who certifies to the Marketplace their intention to include the individual in their applicable household for the year of coverage is responsible for reporting and reconciling the APAS for the individual's coverage. See Specific Instructions, Lines 12 through 23, Individual you enrolled who is not included in an applicable household.

**Example 1:** Joe and Alice have been divorced since January 2019 and have two children, Chris and Jane. Joe enrolls himself, Chris, and Jane in a qualified health plan for 2020. The annual enrollment premium for the plan is \$13,000. The applicable SLCSP premium is \$12,000, APAS is \$6,015, and Joe's household income is \$62,548.

Jane lives with Alice for more than half of 2020 and Alice claims Jane as a dependent. Joe receives a form FTB 3895 showing policy amounts for the qualified health plan. Joe and Alice agree to allocate 20% of the policy amounts for the qualified health plan for Jane's coverage. Therefore, 20% of the enrollment premiums, APAS, and the applicable SLCSP premium are allocated to Alice and 80% are allocated to Joe. According to Table 3, Joe and Alice use the rules under Allocation Situation 4. Other situations where a policy is shared between two applicable households.

In computing PAS, Joe takes into account \$10,400 of enrollment premiums (\$13,000 x 0.80). Joe must reconcile \$4,812 of APAS (\$6,015 x 0.80). Joe's applicable household for 2020 includes only Joe and Chris, and Joe's household income of \$62,548 is 380% of the federal poverty line for a household size of two. Joe's applicable SLCSPP premium for 2020 is \$9,600 (\$12,000 x 0.80). Joe's PAS for 2020 is \$3,433 (the lesser of \$3,433, the excess of Joe's applicable SLCSPP premium of \$9,600 minus the contribution amount of \$6,167 (\$62,548 x 0.0986), or \$10,400, Joe's enrollment premiums). Joe has excess APAS of \$1,379 (the excess of the APAS of \$4,812 over the PAS of \$3,433).

When Joe completes Part IV of form FTB 3849, he enters Alice's social security number on line 30, column (b), and enters "0.80" in columns (e), (f), and (g). Alice is responsible for reconciling \$1,203 (\$6,015 x 0.20) of APAS for Jane's coverage. If Alice is eligible for the PAS, she will take into account \$2,600 (\$13,000 x 0.20) of the enrollment premiums for Jane and \$2,400 (\$12,000 x 0.20) of the applicable SLCSPP premiums. Alice must compute her contribution amount using the federal poverty line percentage for the household income and household size reported on her form FTB 3849.

**Example 2:** The facts are the same as in Example 1 except that Joe and Alice **do not** agree on an allocation percentage. Therefore, the allocation percentage equals the number of individuals Joe enrolled in a qualified health plan who are included in Alice's applicable household (1—Jane), divided by the number of individuals enrolled in the plan (3—Joe, Chris, and Jane). Thus 33% of the policy amounts are allocated to Jane's coverage. Alice is allocated 33% of the enrollment premiums, APAS, and applicable SLCSPP premiums for the policy and the remaining 67% of each is allocated to Joe.

#### **Lines 30 through 33, columns (a) through (g) – Allocation details**

If you shared a policy with another taxpayer in one of the situations described in Specific Allocation Situations, earlier, complete line 30, columns (a) through (g), as applicable. If you shared a policy with another taxpayer and you are not making an allocation in all three columns (e), (f), and (g), leave the column blank that does not apply.

If you shared multiple policies during the year or must do more than one allocation for a single policy, complete lines 31 through 33 for each separate allocation, as needed. For instructions on making more than four separate allocations, see Specific Instructions, Line 34.

**Not an applicable taxpayer.** If you are not an applicable taxpayer because your household income is greater than 138% up to and equal to 200%, or over 600% of the federal poverty line, or you are using filing status married filing separately and Exception 2—Victim of domestic abuse or spousal abandonment, earlier, does not apply to you, you cannot take the PAS. Unless you are electing the alternative calculation for year of marriage, **do not** enter any percentages in columns (e) or (f) when completing Part IV.

**Lines 30 through 33, column (a).** Enter the complete Marketplace-assigned policy number from form FTB 3895.

**Lines 30 through 33, column (b).** Enter the SSN or ITIN of the taxpayer with whom you are allocating policy amounts. This SSN may or may not be reported on your form FTB 3895, depending on your relationship to the other taxpayer. If the taxpayer does not have either, write "No ID".

**Lines 30 through 33, column (c).** Enter the first month you are allocating policy amounts. For example, if you were enrolled in a policy with your former spouse from January through June, enter "01" in column (c).

**Lines 30 through 33, column (d).** Enter the last month you are allocating policy amounts. For example, if you were enrolled in a policy with your former spouse from January through June, enter "06" in column (d).

**Lines 30 through 33, column (e).** If your allocation situation requires you to allocate the enrollment premiums on form FTB 3895, lines 6 through 17, column (a), enter your allocation percentage for that policy in column (e). Enter your allocation percentage as a decimal rounded to two places (for example, for 40%, enter 0.40). Otherwise, leave column (e) blank.

**Lines 30 through 33, column (f).** If your allocation situation requires you to allocate the applicable SLCSPP premium on form FTB 3895, lines 6 through 17, column (b), enter your allocation percentage for that policy in column (f). Enter your allocation percentage as a decimal rounded to two places (for example, for 67%, enter 0.67). You will enter an allocation percentage in column (f) in the following two circumstances:

- You allocated the policy amounts under Allocation Situation 1. Taxpayers divorced or legally separated in 2020, earlier.
- You allocated the policy amounts under Allocation Situation 4. Other situations where a policy is shared between two applicable households, earlier.

In all other situations, leave column (f) blank because you **do not** allocate the applicable SLCSPP premium reported in those situations. Instead, you must determine the correct applicable SLCSPP premium for your coverage family and enter that amount on form FTB 3849, lines 12 through 23, column (b). Get FTB Pub. 3849A for information on determining the correct premium for the applicable SLCSPP or go to [coveredca.com/3849a](http://coveredca.com/3849a).

**Lines 30 through 33, column (g).** If your allocation situation requires you to allocate the APAS on form FTB 3895, lines 6 through 17, column (c), enter your allocation percentage for that policy in column (g). Enter your allocation percentage as a decimal rounded to two places (for example, for 80%, enter 0.80). Otherwise, leave column (g) blank.

#### **Line 34 – Complete policy amount allocations**

If you have completed your required allocations of policy amounts shown on forms FTB 3895 using lines 30 through 33, check the **"Yes"** box on line 34. If you must make more than four allocations of policy amounts shown on forms FTB 3895, check the **"No"** box on line 34 and attach a statement to your return providing the information shown on lines 30 through 33, columns (a) through (g) for each additional allocation.

If you got married in 2020 and APAS was paid for an individual in your applicable household, see Table 4, earlier, to determine if you should complete Part V. If you **do not** complete Part V, check the **"No"** box on form FTB 3849, line 10, skip line 11, and continue to Lines 12 through 23—Monthly Calculation in the instructions for Part II, earlier.

### **Part V — Alternative Calculation for Year of Marriage**

Complete Part V to elect the alternative calculation for your pre-marriage months. Electing the alternative calculation is optional, but may reduce the amount of excess APAS you must repay. To be eligible to make this election, you must meet either of the following conditions.

- You checked the **"Yes"** box on form FTB 3849, line 6, and you answered **"Yes"** to all 5 questions in Table 4.
- You checked the **"No"** box on form FTB 3849, line 6, and the **"Yes"** box on Worksheet 3, line 14.

If you, your spouse, or any individual in your applicable household had coverage under a qualified health plan for at least 1 month before your first full month of marriage, use the worksheets and instructions necessary to complete the alternative calculation in FTB Pub. 3849A.

**CAUTION: Do not** go to FTB Pub. 3849A until you have completed Table 4 to determine whether you meet the requirements to elect the alternative calculation.

#### **Line 35 – Alternative entries for you**

Complete line 35, columns (a) through (d) as indicated in FTB Pub. 3849A under Alternative Calculation for Year of Marriage.

#### **Line 36 – Alternative entries for your spouse/RDP**

Complete line 36, columns (a) through (d) as indicated in FTB Pub. 3849A under Alternative Calculation for Year of Marriage.

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## How To Avoid Common Mistakes in Completing Form FTB 3849

Mistakes in completing form FTB 3849 can cause you to pay too much tax, delay the processing of your return or refund, or cause you to receive correspondence from the FTB. To avoid making common mistakes on your form FTB 3849 and on your income tax return, carefully review all of the following before attaching form FTB 3849 to your tax return.

**Entering amounts from form FTB 3895.** The form FTB 3849 and the FTB electronic filing program provides for entries of dollars only. Your form FTB 3895 may include amounts in dollars and cents. You should round the amounts on form FTB 3895 to the nearest whole dollar and enter dollars only on form FTB 3849. If you file a paper return and **do not** round amounts to whole dollars, be sure to enter the decimal to separate dollars and cents.

**Check your math.** Check your math, especially when completing line 11, or lines 12 through 23, and entering the totals on lines 24 and 25. Review your entries on line 11 or lines 12 through 23 if your entries on lines 24 and 25 seem higher than expected (for example, greater than \$25,000). Examples of math errors include the following:

- Dollar and cents amounts from form FTB 3895 entered as dollars on form FTB 3849.
- Transposition of numbers or errors in amounts (for example, line 12, column (a), monthly enrollment premium of \$1,200 entered as \$12,000).
- Annual totals from form FTB 3895, line 18, entered as monthly amounts on form FTB 3849, lines 12 through 23.

**Line 2b.** Complete line 2b **only** if your dependent(s) are required to file an income tax return. You enter your and your spouse's (if filing a joint return) modified AGI on line 2a. If you are not required to complete line 2b, enter your modified AGI from line 2a on line 3.

**Line 5.** Review your entries on Worksheet 2 and Table 1-2 for accuracy. An incorrect entry on this line will impact the amount of your PAS.

**Line 11.** Use the amounts shown on form FTB 3895, line 18 (columns (a), (b), and (c)), for completing line 11. **Do not** use monthly amounts from form FTB 3895, lines 6 through 17 (columns (a), (b), and (c)). If you are instructed to complete line 11, **do not** complete lines 12 through 23.

**Lines 12 through 23.** Use the monthly amounts from form FTB 3895, lines 6 through 17 (columns (a), (b), and (c)), when completing lines 12 through 23. **Do not** use total amounts from form FTB 3895, line 18. If you are instructed to complete lines 12 through 23, **do not** complete line 11.

**Line 24.** If your filing status is married filing separately and you are not eligible to check the box above line 1 on form FTB 3849, your entry on line 24 should be -0-. If you enter an amount greater than -0-, the FTB will reduce your entry to -0-.

**Line 26.** If you have an amount on line 26 (other than -0-), be sure to enter that amount on Form 540, line 77, or Form 540NR, line 87.

**Line 29.** If you have an amount on line 29, be sure to enter that amount on Form 540, line 64, or Form 540NR, line 74.

**Part V—Alternative calculation for year of marriage election.** Confirm your entries for alternate start and stop months. These months should be inclusive of all months you are using a reduced monthly contribution. Either you or your spouse should have a start month that is the same as the first month you claim PAS on lines 12 through 23. For example, if your first monthly entry in Part II is on line 14 for March, either you or your spouse should enter "03" as the alternate start month in Part V.