Attach to your California Form 540 or Form 540NR.

Name(s) as shown on tax return	SSN or ITIN

⊙ ☐　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. . . . . ⊙　**1**

2 a　Modified AGI. Enter your modified AGI. See instructions. . . . . ⊙　**2a**

b　Enter the total of your dependents' modified AGI. See instructions. . . . . ⊙　**2b**

3　Household income. Add the amounts on lines 2a and 2b. See instructions . . . . ⊙　**3**

4　Federal poverty line. Enter the federal poverty line amount from Table 1-1. See instructions . . . . ⊙　**4**

5　Household income as a percentage of federal poverty line. See instructions . . . . ⊙　**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.
　⊙ ☐　**No.** Continue to line 7.
　⊙ ☐　**Yes.** 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 . . . . ⊙　**7**　__.____

8 a　Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount. . . . ⊙　**8a**

b　Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount. . . . . ⊙　**8b**

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　⊙ ☐　**No.** Continue to line 10.
　　　　for Year of Marriage.

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　⊙ ☐　**No.** Continue to lines 12 through 23. Compute
　　　　and continue to line 24.　　　　　　　　　　　　　　　　　　　　　　　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	⊙	⊙	⊙	⊙	⊙	⊙	⊙

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	⊙	⊙	⊙	⊙	⊙	⊙	⊙
13　February	⊙	⊙	⊙	⊙	⊙	⊙	⊙
14　March	⊙	⊙	⊙	⊙	⊙	⊙	⊙
15　April	⊙	⊙	⊙	⊙	⊙	⊙	⊙
16　May	⊙	⊙	⊙	⊙	⊙	⊙	⊙
17　June	⊙	⊙	⊙	⊙	⊙	⊙	⊙
18　July	⊙	⊙	⊙	⊙	⊙	⊙	⊙
19　August	⊙	⊙	⊙	⊙	⊙	⊙	⊙
20　September	⊙	⊙	⊙	⊙	⊙	⊙	⊙
21　October	⊙	⊙	⊙	⊙	⊙	⊙	⊙
22　November	⊙	⊙	⊙	⊙	⊙	⊙	⊙
23　December	⊙	⊙	⊙	⊙	⊙	⊙	⊙

24	Total PAS. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here. ⊙	**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 . . . . . . ⊙	**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. . . . . ⊙	**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 . . ⊙	**27**	
28	Repayment limitation. See instructions. . . . . ⊙	**28**	
	⊙ ☐ Check this box if the "Repayment cap may not apply" box on form FTB 3895 is also checked.		
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. . . . ⊙	**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
	⊙	⊙	⊙	⊙
	Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PAS Percentage
		⊙	⊙	⊙

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
	⊙	⊙	⊙	⊙
	Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PAS Percentage
		⊙	⊙	⊙

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
	⊙	⊙	⊙	⊙
	Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PAS Percentage
		⊙	⊙	⊙

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
	⊙	⊙	⊙	⊙
	Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PAS Percentage
		⊙	⊙	⊙

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
		⊙	⊙	⊙	⊙
36	**Alternative entries for your spouse/RDP**	**(a)** Alternative household size	**(b)** Alternative monthly contribution amount	**(c)** Alternative start month	**(d)** Alternative stop month
		⊙	⊙	⊙	⊙