

PP20-04 – NJ HCC / SRP Worksheet TY2020

<input type="radio"/> Yes <input type="radio"/> No	Did you and, if applicable, all members of your health care shared responsibility family, have qualifying coverage for every month in 2019?
If No, then fill in info below for <u>everyone</u> in your Tax Household	

TP Name:													
Months with either qualifying coverage or an exemption:													
All	None	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Code: X (Covered); blank (Uncovered); Exception: 1 _____ 2 _____													

SP Name:													
Months with either qualifying coverage or an exemption:													
All	None	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Code: X (Covered); blank (Uncovered); Exception: 1 _____ 2 _____													

Dependent Name:													
Total Income (Line 27):							Tax-exempt Interest Income (Line 16b):						
Months with either qualifying coverage or an exemption:													
All	None	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Code: X (Covered); blank (Uncovered); Exception: 1 _____ 2 _____													

Dependent Name:													
Total Income (Line 27):							Tax-exempt Interest Income (Line 16b):						
Months with either qualifying coverage or an exemption:													
All	None	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Code: X (Covered); blank (Uncovered); Exception: 1 _____ 2 _____													

Dependent Name:													
Total Income (Line 27):							Tax-exempt Interest Income (Line 16b):						
Months with either qualifying coverage or an exemption:													
All	None	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Code: X (Covered); blank (Uncovered); Exception: 1 _____ 2 _____													

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Instructions

Question: Did you and, if applicable, all members of your health care shared responsibility family, have qualifying coverage for every month in 2020?

- **Yes** – Answer “Yes” if any of the following applies:
 - You and everyone in your tax household had minimum essential health coverage for the entire year
 - Someone else can claim you as a dependent on their return
 - Your income on line 29 is \$20,000 or less (\$10,000 if your filing status is single or married/CU partner filing separate return)

In these cases, you do not owe a shared responsibility payment. You do not need to fill in the remaining boxes for anyone in your household.

- **No** – Answer “No” if none of the above apply. You will then need to use the remaining boxes to document health coverage info for everyone in your Tax Household (even if they had coverage all year).

Name: Person’s name.

Total Income (Line 27) and Tax-exempt Interest Income (Line 16b): (For dependents only) Information from this person’s NJ return. Include estimated income if this person did not file a New Jersey tax return. Do not use amounts from the federal return. There is no minimum amount.

Months with either qualifying coverage or an exemption: Check either

- a) the “All” box (if covered all year with no exemptions),
- b) the “None” box (if no coverage and no exemptions all year), or
- c) the boxes for the appropriate months. To better document things, we suggest using an “X” for months the person had coverage or a number (1 for first exemption, 2 for second exemption, etc.) to show which exemption applied for that month. Leave blank for months with no coverage and no exemption.

Exemption(s): All exemption numbers that apply to this person. Exemption numbers are on the Confirmation Certificate you get from NJ. (Keep copies of all Exemption Confirmation Certificates with this form.) If there is room, you can also record the type of exemption.

Enter the info into TSO using: **State Section >> NJ (edit) >> Tax >> Health Care Coverage (Schedule NJ-HCC).**

Note: You must enter info in TSO for everyone in your Tax Household (even if they had coverage all year).

Definition: Tax Household (aka health care shared responsibility family). This includes you, your spouse (if filing a joint return), domestic partner claimed on your return, and any individuals you claim as dependents on your NJ-1040. It also includes any individuals you can, but do not, claim as dependents on your return

See NJ-1040, Line 53 Instructions for more info