

Form 8941 - Small Emp. Health Ins. Prem. Credit

TSJ	1	Worksheet 1 - Most Employees				Worksheet 4 - Enrolled Employees		
	PAN	2	Complete the columns below for all employees who are not "excluded." (Excluded employees include business owners, partners, more than 2% shareholders, etc. See Screen Help and Form 8941 instructions for more information.)				Complete the columns below for each employee who is enrolled in health insurance coverage provided under a qualifying arrangement.	
Employee Identifier		Hours of Service		Wages Paid		Employer Premiums Paid		Average Premiums
		2015	2016	2015	2016	2015	2016	
3			4		5		6	7
8			9		10		11	12
13			14		15		16	17
18			19		20		21	22
23			24		25		26	27
28			29		30		31	32
33			34		35		36	37
38			39		40		41	42
43			44		45		46	47
48			49		50		51	52
53			54		55		56	57
58			59		60		61	62
63			64		65		66	67
68			69		70		71	72
73			74		75		76	77
78			79		80		81	82
83			84		85		86	87
88			89		90		91	92
93			94		95		96	97
98			99		100		101	102
103			104		105		106	107
108			109		110		111	112
113			114		115		116	117
118			119		120		121	122
123			124		125		126	127

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NOTE: Complete the fields below ONLY on the first 8941 screen for each spouse.

A Did you pay premiums during your tax year for employee health insurance coverage you provided through a Small Business Health Options Program (SHOP) Marketplace or do you qualify for an exception to this requirement?											
Enter Marketplace ID (if any)					128	Exception applies			129		
B Employer Identification Number used to report employment taxes for above individuals								130			
C Does a tax return you filed for a tax year beginning in 2014 include a Form 8941 with line A checked "Yes" and a positive amount on line 12?								131	Yes	132	No
10 Total amount of any state premium subsidies paid and any state tax credit available								134			
Carry to Schedule C or Schedule F					135	Multi-form code			136		