

Worksheet 4 - Enrolled Employees

TSJ 1
PAN 2

Worksheet 1 - Most Employees

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
	2017	2018	2017	2018	2017	2018	
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

8941
12-20

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, 2015, or 2016 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

133

Carry to Schedule C or Schedule F

134

Multi-form code

135