

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

TSJ	1	IMPORTANT: Hawaii employers do not qualify for the credit.				Worksheet 4 - Enrolled Employees		
PAN	2	Worksheet 1 - Most Employees				Complete the columns below for each employee who is enrolled in health insurance coverage provided under a qualifying arrangement.		
		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.)						
		Hours of Service		Wages Paid		Employer Premiums Paid		Average Premiums
Employee Identifier		2020	2021	2020	2021	2020	2021	
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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12-20

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

A Did the taxpayer pay premiums during his or her tax year for employee health insurance coverage he or she provided through a Small Business Health Options Program (SHOP) Marketplace or does the taxpayer qualify for an exception to this requirement?

Enter Marketplace ID (if any) Exception applies

B Employer Identification Number used to report employment taxes for above individuals

C Does a tax return the taxpayer filed for a tax year beginning after 2013 and before 2020 include a Form 8941 with line A marked "Yes" and a positive amount on line 12?

Yes No

10 Total amount of any state premium subsidies paid and any state tax credit available

2020 2021

Carry to Schedule C or Schedule F Multi-form code