

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		2023	2024	2023	2024	2023	2024	
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 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 2023 include a Form 8941 with line A marked "Yes" and a positive amount on line 12?

Yes No

2023 **2024**

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

Carry to Schedule C or Schedule F

Multi-form code