

▶ **Attach to Form 1040, Form 1040NR, Form 1040-SS, or Form 1040-PR.**  
▶ **Go to [www.irs.gov/Form8885](http://www.irs.gov/Form8885) for instructions and the latest information.**

Name of recipient (if both spouses are recipients, complete a separate form for each spouse)

Recipient's social security number

**Before you begin:** See **Definitions and Special Rules** in the instructions.



**Do not** complete this form if you can be claimed as a dependent on someone else's 2018 tax return.

**Part I Election To Take the Health Coverage Tax Credit**

**1** Check the box below for the first month in your tax year that you elect to take the Health Coverage Tax Credit (HCTC). **All** of the following statements must be **true** as of the **first day** of that month. You must also check the box for each month after your election month that **all** of the following statements were **true** as of the **first day** of that month.

- You were an eligible trade adjustment assistance (TAA) recipient, alternative TAA (ATAA) recipient, reemployment TAA (RTAA) recipient, or Pension Benefit Guaranty Corporation (PBGC) payee; or you were a qualifying family member of an individual who fell under one of the categories listed above when he or she passed away or with whom you finalized a divorce.
- You and/or your family member(s) were covered by HCTC-qualified health insurance coverage for which you paid the entire premiums, or your portion of the premiums, directly to your health plan or to "US Treasury-HCTC."
- You were **not** enrolled in Medicare Part A, B, or C, or you were enrolled in Medicare but your family member(s) qualified for the HCTC.
- You were **not** enrolled in Medicaid or the Children's Health Insurance Program (CHIP).
- You were **not** enrolled in the Federal Employees Health Benefits Program (FEHBP) or eligible to receive benefits under the U.S. military health system (TRICARE).
- You were **not** imprisoned under federal, state, or local authority.
- Your or your spouse's employer (or former employer) **did not** pay 50% or more of the cost of coverage.

- January     February     March     April     May     June  
 July     August     September     October     November     December

**Part II Health Coverage Tax Credit**

**2** Enter the total amount paid directly to your health plan for HCTC-qualified health insurance coverage for the months checked on line 1. See instructions. **Do not** include on line 2 any insurance premiums paid to "US Treasury-HCTC" or any advance monthly payments made on your behalf as shown on Form 1099-H or any insurance premiums you paid for which you received a reimbursement of the HCTC during the year by filing Form 14095 . . . . .

<b>2</b>		
----------	--	--



**You must attach the required documents listed in the instructions for any amounts included on line 2. If you do not attach the required documents, your credit will be disallowed.**

**3** Enter the total amount of any Archer MSA or health savings accounts distributions used to pay for HCTC-qualified health insurance coverage for the months checked on line 1 . . . . .

<b>3</b>		
----------	--	--

**4** Subtract line 3 from line 2. Enter the result, but not less than zero . . . . .

<b>4</b>		
----------	--	--

**5 Health Coverage Tax Credit.** If you received the benefit of the advance monthly payment program for any month not checked on line 1 or received a reimbursement of the HCTC during the year by filing Form 14095 for any month not checked on line 1, see the instructions for line 5 for more details. Otherwise, multiply the amount on line 4 by 72.5% (0.725). Enter the result here and on Schedule 5 (Form 1040), line 74 (check box **c**); Form 1040NR, line 69 (check box **c**); Form 1040-SS, line 10; or Form 1040-PR, line 10 . . . . .

<b>5</b>		
----------	--	--