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Almost every form and publication also has its own easily accessible information page on IRS.gov. For example, the Form 1040 page is at IRS.gov/form1040; the Form W-2 page is at IRS.gov/w2; the Publication 17 page is at IRS.gov/pub17; the Form W-4 page is at IRS.gov/w4; the Form 8863 page is at IRS.gov/form8863; and the Schedule A (Form 1040) page is at IRS.gov/schedulea. If typing in the links above instead of clicking on them: type the link into the address bar of your browser, not in a Search box; the text after the slash must be lowercase; and your browser may require the link to begin with "www.". Note that these are shortcut links that will automatically go to the actual link for the page.

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Form 8941		Credit for Small Employer Health Insurance Premiums		OMB No. 1545-2198	
Form	UJTI			2014	Ļ
Department of the Treasury		Attach to your tax return.			-
Internal Revenue Service		► Information about Form 8941 and its separate instructions is at www.irs.gov/form89	941.	Attachment Sequence No. 63	3
Name(s) shown on return		Ident	ifying number	
 A Did you pay premiums during your tax year for employee health insurance coverage you provid Health Options Program (SHOP) Marketplace (or do you qualify for an exception to this requirement Yes. Enter Marketplace Identifier (if any): No. Stop. Do not file Form 8941 (see instructions for an exception that may apply to a cooperative, estate, or trust). 			it)? (se	e instructions)	
В	Enter the emp	loyer identification number (EIN) used to report employment taxes for individuals he identifying number listed above	inclu	ded on line 1 bel	ow if
Cau		structions and complete Worksheets 1 through 7 as needed.			
1	employees for	nber of individuals you employed during the tax year who are considered purposes of this credit (total from Worksheet 1, column (a))	1		
2		nber of full-time equivalent employees (FTEs) you had for the tax year (from ne 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2		
3	Average annu \$51,000 or mo	al wages you paid for the tax year (from Worksheet 3, line 3). If you entered re, skip lines 4 through 11 and enter -0- on line 12	3		
4		paid during the tax year for employees included on line 1 for health insurance r a qualifying arrangement (total from Worksheet 4, column (b))	4		
5	Premiums you average premi	would have entered on line 4 if the total premium for each employee equaled the um for the small group market in which the employee enrolls in health insurance from Worksheet 4, column (c))	5		
6 7	Enter the sma l Multiply line 6	ler of line 4 or line 5	6		
8	All other small	Il employers, multiply line 6 by 50% (.50)	7		
9		5,000 or less, enter the amount from line 8. Otherwise, enter the amount from ne 7	8 9		
10		amount of any state premium subsidies paid and any state tax credits available to ms included on line 4 (see instructions)	10		
11		0 from line 4. If zero or less, enter -0	11		
12 13	If line 12 is z employees inc	ler of line 9 or line 11	12 13		
14	Enter the num	ber of FTEs you would have entered on line 2 if you only included employees e 13 (from Worksheet 7, line 3)	14		
15		all employer health insurance premiums from partnerships, S corporations, estates, and trusts (see instructions)	15		
16	employers, ski and report this	and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small p lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here a mount on Schedule K. All others, stop here and report this amount on Form	16		
17		ted to patrons of the cooperative or beneficiaries of the estate or trust (see	17		
18		estates, and trusts, subtract line 17 from line 16. Stop here and report this amount line 4h	18		
19		unt you paid in 2014 for taxes considered payroll taxes for purposes of this credit as	19		
20		mall employers, enter the smaller of line 16 or line 19 here and on Form 990-T,	20		

For Paperwork Reduction Act Notice, see separate instructions.

Form **8941** (2014)