

State of Rhode Island Division of Taxation
2023 Shared Responsibility Worksheet
 Individual Health Insurance Mandate Penalty Calculation

Name	Social security number

**NOTE: Use this worksheet to determine the amount of your Shared Responsibility Penalty Amount
 Attach this Worksheet along with Form IND-HEALTH to your personal income tax return**

INDIVIDUAL HEALTH INSURANCE MANDATE PENALTY CALCULATION FOR RHODE ISLAND for TY2023

STEP 1: FLAT DOLLAR AMOUNT METHOD

1 Enter the number of months that members of the tax household **DID NOT HAVE** coverage or an exemption

a Total number of months for ALL ADULTS: _____ X \$57.92 Enter total here ->

c Total number of months for ALL CHILDREN UNDER 18 YEARS OF AGE: _____ X \$28.96 Enter total here ->

2 Add the amounts from lines 1b and 1d.....

3 Enter the amount from line 2 or the amount from the Flat Fee Method Worksheet on page IND-8, whichever is less.....

1b		
1d		
2		
3		

STEP 2: PERCENTAGE OF INCOME METHOD

4 Enter your Modified Adjusted Gross income (see instructions).....

5 Enter your Federal Standard Deduction (see instructions).....

6 Subtract the amount on line 5 from the amount on line 4.....

7 Income Percentage Amount. Multiply the amount on line 6 by 2.5% (0.025).....

8 Enter the total number of members in your household.
 NOTE: All members should be listed on Form IND-HEALTH - Individual Health Insurance Mandate Form.

9 Multiply the number of household members from line 8 by 12.0.....

10 Total number of months subject to the penalty. Add lines 1a and 1c.....

11 Divide line 10 by line 9. Carry apportionment to four decimal places (0.0000).....

12 Multiply line 11 by line 7.....

13 Enter the amount from line 3 or line 12, whichever is greater.....

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5		
6		
7		
8		
9		
10		
11		
12		
13		

STEP 3: BRONZE PLAN METHOD

14 a Enter the number of months subject to the penalty from line 10.....

b Multiply the number of months from line 14a X \$350 and enter the total here.....

c Enter the amount listed to the right for your tax household size

1 member: \$4,200	2 members: \$8,400	3 members: \$12,600
4 members: \$16,800	5 or more members: \$21,000	

d Enter the amount from line 14b or line 14c, whichever is less.....

15 **Individual Mandate Penalty.** Enter the amount from line 13 or line 14d, whichever is less. Enter this amount on Form RI-1040, page 1, line 12b or Form RI-1040NR, page 1, line 15b.....

14a		
14b		
14c		
14d		
15		