State of Rhode Island Division of Taxation

2023 Shared Responsibility Worksheet

Individual Health Insurance Mandate Penalty Calculation

IMAGEONLY

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 ->	1b	
c	Total number of months for **ALL CHILDREN UNDER 18 YEARS OF AGE**: _____	X	$28.96	Enter total here ->	1d	
2	Add the amounts from lines 1b and 1d				2	
3	Enter the amount from line 2 or the amount from the Flat Fee Method Worksheet on page IND-8, whichever is less				3	

STEP 2: PERCENTAGE OF INCOME METHOD

4	Enter your Modified Adjusted Gross income (see instructions)	4	
5	Enter your Federal Standard Deduction (see instructions)	5	
6	Subtract the amount on line 5 from the amount on line 4	6	
7	Income Percentage Amount. Multiply the amount on line 6 by 2.5% (0.025)	7	
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.	8	
9	Multiply the number of household members from line 8 by 12.0	9	
10	Total number of months subject to the penalty. Add lines 1a and 1c	10	
11	Divide line 10 by line 9. Carry apportionment to four decimal places (0.0000)	11	.
12	Multiply line 11 by line 7	12	
13	Enter the amount from line 3 or line 12, whichever is greater	13	

STEP 3: BRONZE PLAN METHOD

14 a	Enter the number of months subject to the penalty from line 10	14a	
b	Multiply the number of months from line 14a X $350 and enter the total here	14b	
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	14c	
d	Enter the amount from line 14b or line 14c, whichever is less	14d	
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	15	