

State of Rhode Island Division of Taxation
2024 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 TY2024

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

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

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

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STEP 2: PERCENTAGE OF INCOME METHOD

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

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

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

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

7		
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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.

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

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

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

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

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

13		
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STEP 3: BRONZE PLAN METHOD

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

14a		
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b Multiply the number of months from line 14a X \$326 and enter the total here.....

14b		
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^c Enter the amount listed to the right for your tax household size

1 member: \$3,912	2 members: \$7,824	3 members: \$11,736
4 members: \$15,648	5 or more members: \$19,560	

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

14d		
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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.....

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