

Samaritan members who are residents of District of Columbia

This is a reminder regarding the District of Columbia's law requiring residents to purchase health insurance, and the special provision for members of sharing ministries like Samaritan Ministries. This new law (which took effect for tax year 2020) requires residents to document their compliance when filing each year's District of Columbia tax return, to avoid paying a health care shared responsibility fee. Residents of the District of Columbia must provide this documentation by completing **"Schedule HSR DC Health Care Shared Responsibility**," a tax form that must be enclosed with your **Form D-40**, District of Columbia Resident Income Tax Return. Below, you will find detailed instructions and a sample of completed pages 1 and 2 of Form D-40 and page 1 of Schedule HSR DC Health Care Shared Responsibility.

Tax Year 2021 Instructions for Schedule HSR DC & Form D-40 for Samaritan members

At the top of Schedule HSR DC: Enter your phone number, taxpayer identification number (TIN), date of birth, full name, and mailing address.

Part I

- Question 1: Because Samaritan Ministries is not health insurance, most Samaritan members will answer "No."
 - » If you answer "No," proceed to Part II.
 - » If you answer "Yes," you may stop, mark the oval on Line 3 of the D-40, and enter zero on Line 25 of your D-40.

Part II

- Questions 2–4: The answers you provide for questions 2–4 will determine if you need to fill out questions 5 and 6.
 - » If you answer "Yes" to any of the questions from 2–4, proceed to Part IV and follow instructions.
 - » If you did not answer "Yes" to any of questions 2–4, enter zero on Line 25 of your D-40. Then proceed to questions 5 and 6.
- Question 5: You will likely select "No" to the exemption due to religious beliefs. That exemption is only for those with Christian Scientist-like beliefs regarding medical care. If you select "Yes" and later receive medical care, you may be fined.
- Question 6: As a Samaritan member, you will select "Yes" to claim your health care sharing exemption, then complete Part IV to determine the amount to enter on line 25 of your D-40. You must also complete Part III.

Part III:

- Enter your last name and TIN at the top of the page.
- Enter full name, TIN, Exemption Type, (this will be "D"), and the number of exempt months for each person for whom you are claiming the exemption.
- If you have more dependents than space allows in this section, print or make a second copy of page 2; be sure to enter your last name and primary TIN at the top, and then continue by listing your remaining dependents. Please note: the barcode at the top of this form is unique, so you will need to make the second copy or print from the same PDF file. **Do not download a new PDF, as this would create a different barcode**.

Part IV:

• If you are only claiming the exemption for part of 2021, complete Part IV and enter the total amount on Line 25 of D-40.

If you have general questions regarding health care sharing ministries and taxes, please contact us at <u>taxquestion@samaritanministries.org</u>. For more specific tax questions, please consult your tax adviser.

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This is an informational service only for members of SMI and is not tax advice. For tax advice, please contact your tax adviser.

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6		s from DC Schedule I, Calculation A, Line 9.		6 \$.00
7	Add Lines 4, 5	and 6.	Fill in if loss 🔵	7 \$.00
Sub	tractions from						
8	Part year resid	ents, enter income received during period of nonresidence, see i	instructions.	8 \$.00
9	Taxable refund	s, credits or offsets of state and local income tax.		9 \$.00
10	Taxable amou	nt of social security and tier 1 railroad retirement		10 \$.00
11	Income reporte	ed and taxed this year on a DC franchise or fiduciary return.		11 \$.00
12	DC and federa	government survivor benefits, see instructions.		12 \$.00
13	Unemploymer	t Insurance Benefits, see instructions.		13 \$.00
14	Other subtract	ions from DC Schedule I, Calculation B, Line 16.		14 \$.00
15	Total subtracti	ons from DC income, Lines 8-14.	\bigcirc	15 \$.00
16	DC adjusted g	OSS Income, Line 7 minus Line 15.	Fill in if lo	16 \$	5		.00
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This is an informational service only for members of SMI and is not tax advice. For tax advice, please contact your tax adviser.



PART III What coverage exemptions are you claiming for members of your shared responsibility family and for how many months? See instructions for exemption type(s).

	Name of Individual	Taxpayer Identification Number (TIN)	Exemption Type	Number of Exempt Months Claimed
7	First name and M.I.	012345678	D	12
	ANYBODY			
8	First name and M.I.	001234567	D	12
	ANYBODY			
9	First name and M.I.	000123456	D	12
	First name and M.I.			
10	Last name			
	First name and M.I.			
11	Last name			
	First name and M.I.			
12	Last name			
PÆ	RT IV Complete the applicable worksheets before complete	eting Part IV. Round cents of If amount is zero	to nearest dollar o, leave line bla	r. Ink.
13	Enter flat dollar amount (see Worksheet A-1, Line 5 or Worksheet A-2, Line 7)			.00
14	Enter the percentage income amount (see Worksheet B-1, Line 4 or Worksheet B	-2, Line 14) 14 \$.00
15	Enter the larger of Line 13 or Line 14 (If Lines 13 and 14 are the same, enter that	at number.) 15 \$.00
16	Enter the District Average Bronze Plan Premium (see Worksheet C-1, Line 2 or W Line 2)			.00
17	Enter the smaller of Line 15 or Line 16 here and on D-40, Line 25	17 \$.00