



## Samaritan Members who are residents of Vermont

This is a reminder regarding the state-level individual insurance mandate (similar to the Affordable Care Act) that was passed by the Vermont legislature in 2019. As a result of this legislation, a task force was formed and was assigned to create a penalty for non-compliance with the new mandate and to explore potential exemptions. [House Bill 524](#) — a bill to create a penalty and allow for some exemptions to the individual insurance mandate — was introduced by the House Health Committee.

While initially the committee declined to provide an exemption from the requirements of the individual mandate for members of health care sharing ministries, such as Samaritan Ministries, we are thankful that the penalty was eventually removed. **For tax year 2024, members of Samaritan Ministries will not be required to pay a penalty for not having individual health insurance.**

## When filing individual taxes, what does this mean for Vermont residents who are members of Samaritan Ministries?

When filing the Vermont individual tax return — [2024 Form IN-111](#) — residents of Vermont must document whether or not they had health insurance coverage for any period of time during 2024. This year, the State of Vermont is tracking the number of residents who do not have individual health insurance and, as mentioned above, members of Samaritan Ministries will not be asked to pay a penalty for not having health insurance coverage.

## Instructions for completing 2024 Form IN-111

1. At the top of the form, enter your full name and social security number.
2. Below your personal information at the top of the form, enter the **Healthcare Coverage Code** that applies to your household. **Enter 2 if you and all members of your tax household were members of Samaritan Ministries for the entire 2024 calendar year and did not have health care insurance (also referred to as "minimum essential health care coverage").** For information on the remaining Health Care Coverage Reporting Requirement codes, see page 6 of the [2024 Vermont Income Tax Return Booklet](#). **No additional action is required at this time.**
3. When you indicate that you did not have health insurance for all or part of tax year 2024, this will trigger a communication from the State of Vermont, informing you how to obtain individual health insurance. **At this time, you may disregard the notification.** Samaritan Ministries is keeping a close eye on this situation, and we will contact you with recommendations on steps to take as we become aware of any updates. In the meantime, please pray for God's continued provision and protection.

If you have general questions regarding health care sharing ministries and taxes, please contact us at [taxquestion@samaritanministries.org](mailto:taxquestion@samaritanministries.org).

For more specific tax questions, please consult your tax adviser.

Vermont Department of Taxes  
**2024 Form IN-111**  
**Vermont Income Tax Return**

DEPT  
 USE  
 ONLY



**FILE YOUR RETURN  
 ELECTRONICALLY FOR A  
 FASTER REFUND. GO TO  
 TAX.VERMONT.GOV FOR  
 MORE INFORMATION.**

Please PRINT in BLUE or BLACK INK

|   |  |   |  |  |  |   |
|---|--|---|--|--|--|---|
| Taxpayer's Last Name<br>ANYONE  |  | First Name<br>JOHN                      |  | MI<br>O                                    | Social Security Number<br>123-45-6789    | <input type="checkbox"/> Check if Deceased  |
| Spouse's/CU Partner's Last Name<br>ANYONE   |  | First Name<br>JULIE                     |  | MI<br>A                                    | Social Security Number<br>012-34-5678    | <input type="checkbox"/> Check if Deceased  |
| Mailing Address (Number and Street/Road or PO Box)<br>1234 ANY STREET   |  |   |  | 911/Physical Street Address on 12/31/2024  |  |   |
| City<br>ANYTOWN   |  | State<br>VT                             | ZIP Code or Foreign Postal Code<br>12345                         |  | Foreign Country                          |   |
| Vermont School District Code<br>000   | Vermont Residency Status as of 12/31/2024 (check one) <input type="checkbox"/> RESIDENT <input type="checkbox"/> PART-YEAR RESIDENT <input type="checkbox"/> NONRESIDENT |   |  |  |  |   |
| Filing Status and Standard Deduction <input type="checkbox"/> Single (\$7,400) <input type="checkbox"/> Married/CU Filing Jointly (\$14,850) <input type="checkbox"/> Married/CU Filing Separately (\$7,400) <input type="checkbox"/> Head of Household (\$11,100) <input type="checkbox"/> Qualifying Widow(er) (\$14,850) |  |   |  |  |  |   |
| <input type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options)   | Check all that apply   | <input type="checkbox"/> AMENDED Return | <input type="checkbox"/> CANNABIS With Recomputed Federal Return | <input type="checkbox"/> RECOMPUTED Return | <input type="checkbox"/> EXTENDED Return | <input type="checkbox"/> FARMER / FISHERMAN |

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) ..... 1. \_\_\_\_\_ .00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 18) ..... 2. \_\_\_\_\_ .00

3. Federal AGI with Modifications (ADD Lines 1 and 2) ..... 3. \_\_\_\_\_ .00

4. 2024 Vermont Standard Deduction from filing status section above. .... 4. \_\_\_\_\_ .00  
 Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

|   |   |   |  |
|---|---|---|--|
| 5a. Enter "1" for yourself if no one can claim you as a dependent | 5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent | 5c. Enter number of OTHER dependents claimed on federal Form 1040 | 5d. Total Exemptions (ADD Lines 5a through 5c) |
| 5a. _____ +   | 5b. _____ +   | 5c. _____ =   | 5d. _____                                      |

5e. MULTIPLY Line 5d by \$5,100 (2024 Personal Exemption)..... 5e. \_\_\_\_\_ .00

6. ADD Lines 4 and 5e ..... 6. \_\_\_\_\_ .00

7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-). .... 7. \_\_\_\_\_ .00

8. Vermont Income Tax from tax table or tax rate schedule ..... 8. \_\_\_\_\_ .00  
 (If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 15). .... 9. \_\_\_\_\_ .00

10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-). .... 10. \_\_\_\_\_ .00

|   |   |  |
|---|---|--|
| 11. Tax-Deductible Charitable Contribution (See instructions) _____ .00 | 12. Multiply Line 11 by 5% (0.05) _____ .00 | 13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) ..... 13. _____ .00 |
|---|---|--|

14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) ..... 14. \_\_\_\_\_ .00

15. Income Adjustment (Schedule IN-113, Line 35, or 100.00000%) ..... 15. \_\_\_\_\_ %

16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15). .... 16. \_\_\_\_\_ .00