

Small Employer Health Insurance Premium Credit - Worksheet

No.	*Employee Name	Wages Paid	Hours of Service (Do not exceed 2,080 for anyone)	Type of Coverage: 1=Single 2=Family	**Employer Paid Insurance Premiums
1					\$ 1,500.00
2					\$ 1,500.00
3					\$ -
4					\$ 1,500.00
5					\$ 1,000.00
6					\$ 1,500.00
7					\$ 1,000.00
8					\$ 1,500.00
9					\$ 1,000.00
10					\$ -
11					\$ -
12					\$ 1,500.00
13					\$ 1,500.00
14					\$ -
15					\$ -
16					\$ 1,500.00
17					\$ 1,500.00
18					\$ 1,500.00
19					\$ -
20					\$ -
21					\$ 500.00
22					\$ 800.00
23					\$ 1,500.00
24					\$ 500.00
25					\$ -
26					\$ -
27					\$ 1,500.00
28					\$ -
29					\$ -
30					\$ 1,500.00
TOTALS		\$ -	0.00		\$24,300

Full Time Equivalent Employees

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Average Salaries (Auto Calculated = Wages Paid / FTE)

#DIV/0!

(Please note, if the number of FTE exceeds 25 or the Average Salaries exceed \$50,000 you do not qualify for the credit)

* Employees - do **not** include owners, partners, more than 2% shareholders, family members, seasonal or leased employees

** Employer Paid Premiums - Only list the employer portion paid. Also, if the insurance paid is for more than the individual (ie family plan) only include what would have been paid for the individual only.