Module 2: Modified Adjusted Gross Income (MAGI)

Office of Medicaid Eligibility Policy Medicaid Eligibility and Community Support 2022



Topics

- MAGI Introduction
- Point-In-Time Methodology
- Earned Income
- Self-Employment Income
- Unearned Income
- Foreign Income
- Non-countable Income



Topics

- Educational Income
- American Indian / Alaska Native Income
- Lump Sums
- Income of Tax Dependents or Children 18 or Younger
- Deductions

Resources



MAGI Introduction

MAGI Methodology

- Modified adjusted gross income (MAGI) is how income is calculated to determine eligibility for MAGI-based Washington Apple Health (Medicaid) programs, and the Children's Health Insurance Program (CHIP or Apple Health for Kids with Premiums).
- Generally, the MAGI calculation is determined by calculating an individual's adjusted gross income (AGI) as determined by the Internal Revenue Code (IRC), with a few modifications.



1040	U.S. Individual Income Tax		OMB No. 1545-00	174 IRS Use Only-	Do not write or staple in this space.							
Filing Status Check only one box.	Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent											
Your first name a	and middle initial	Last name		١	Your social security number							
lf joint return, sp	ouse's first name and middle initial	Last name		8	Spouse's social security number							
Home address (r	number and street). If you have a P.O. box, see	instructions.			Presidential Election Campaign Check here if you, or your							
City, town, or po	ost office. If you have a foreign address, also co	mplete spaces below.	State Z	P code t	spouse if filing jointly, want \$3 o go to this fund. Checking a box below will not change							
Foreign country	name	Foreign province/state/c	punty Fo	preign postal code y	our tax or refund. You Spouse							
At any time duri	ing 2021, did you receive, sell, exchange,	or otherwise dispose of any	financial interest in a	any virtual currenc	xy? Yes No							
Standard Deduction	Someone can claim: You as a dep Spouse itemizes on a separate return											
Age/Blindness	You: Were born before January 2, 19	957 Are blind Spo	use: 🗌 Was born t	oefore January 2,	1957 Is blind							
	(see instructions):	(2) Social security number	(3) Relationship to you		lifies for (see instructions):							
If more than four dependents,	(1) First name Last name		loyou	Child tax cree	dit Credit for other dependents							
see instructions and check here ►												
	1 Wages, salaries, tips, etc. Attach F	orm(s) W-2										
Attach			Taxable interest		2b							
Sch. B if required.	3a Qualified dividends		Ordinary dividends	s	3b							
	4a IRA distributions 4	ta I	Taxable amount .		4b							
	5a Pensions and annuities	5a I	Taxable amount .		5b							
Standard			Taxable amount .		6b							
 Deduction for— Single or 	7 Capital gain or (loss). Attach Scheol	the second se	red, check here .	🕨 🗖	7							
Married filing separately,	 Other income from Schedule 1, line Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, 4 				8							
\$12,550 • Married filing	10 Adjustments to income from Sched				10							
Infatty or	11_Subtract line 10 from line 9. This is	· · · · · · · · · · · · · · · · · · ·	e		11							
widow(er), \$25,100	120 Otandard deduction of itemized		· · · · · · · · · · · · · · · · · · ·									
Head of household,	b Charitable contributions if you take		nstructions) 12b									
\$18,800					12c							
any box under	13 Qualified business income deduction	on from Form 8995 or Form	8995-A		13							
Standard	14 Add lines 12c and 13				14							
see instructions.	15 Taxable income. Subtract line 14	from line 11. If zero or less, e	nter -0		15							
For Disclosure, F	Privacy Act, and Paperwork Reduction Act No	otice, see separate instruction	a. C	at. No. 11320B	Form 1040 (2021)							

Adjusted Gross Income

Adjusted gross income (AGI) is the total gross taxable income minus any IRS allowable adjustment(s).

 The adjusted gross income is reported on line 11 of Form 1040.



What Turns AGI Into MAGI?

MAGI is the adjusted gross income (AGI) increased by:

- Interest Any amount of interest received or accrued by the taxpayer during the taxable year which is exempt from tax.
- Social Security and Railroad Retirement Any amount of Title II Social Security income or Tier 1 Railroad Retirement income, which is excluded from gross income under Section 86 of the IRC.
- Foreign Income Any amount excluded from gross income under Section 911 of the IRC.



What Turns AGI Into MAGI?

- MAGI does not include:
 - Educational Income Scholarships or fellowship grants used for educational purposes, as described in WAC 182-509-0335.
 - American Indian / Alaska Native Income Most sources of income received by American Indian/Alaskan Native individuals, as described in WAC 182-509-0340.
 - Lump Sums Income received as a lump sum, as described in WAC 182-509-0375, is counted as income only in the month it is received.
 - Income of Tax Dependents or Children Age 18 or Younger Some income received by tax dependents, or children age eighteen or younger, as described in WAC 182-509-0360, is excluded if it does not meet the tax filing threshold.



	EDULE 1 1040)		Additi	onal Income and Adjustments to Income OMB No. 1545-0074			
	ent of the Treasury Revenue Service		► Go to v	Attach to Form 1040, 1040-SR, or 1040-NR. www.irs.gov/Form/1040 for instructions and the latest information. 2021 Attachment Sequence No.01			
	(s) shown on Fo	rm 1040,					
Par	tl Additio	nal Ind	come				
				offsets of state and local income taxes 1			
	Alimony rec						
р 3	Date of origin Business inc		Schedu	le 1 (Form 1040) 2021			Page 2
4	Other gains		Par	t II Adjustments to Income			
5	Rental real		11	Educator expenses		11	
6	Schedule E Farm incom		12	Certain business expenses of reservists, performing artists, and fee-	boois government		
7	Unemploym		12	officials. Attach Form 2106	basis government	12	
	Other incom		13	Health savings account deduction. Attach Form 8889		13	
	Net operatin	~ I		-			
	Gambling in Cancellation		14	Moving expenses for members of the Armed Forces. Attach Form	3903	14	
	Foreign earr		15	Deductible part of self-employment tax. Attach Schedule SE		15	
е	Taxable Hea	lith Sav	16	Self-employed SEP, SIMPLE, and qualified plans		16	
	Alaska Perm		17	Self-employed health insurance deduction		17	
	Jury duty pa Prizes and a		18	Penalty on early withdrawal of savings		18	
	Activity not			Alimony paid		19a	
j	Stock option	ns	154			194	
k	Income from the rental fo			Recipient's SSN			
	property .		С	Date of original divorce or separation agreement (see instructions)	•		
1	Olympic and instructions)		20	IRA deduction		20	
	Section 951		21	Student loan interest deduction		21	
	Section 951		22	Reserved for future use		22	
	Section 461 Taxable dist	· ·	23	Archer MSA deduction		23	
	Other incom		24	Other adjustments:			
9	Total other i	ncome.	а	Jury duty pay (see instructions)	24a		
0	Combine lin 1040-NR, lin		b	Deductible expenses related to income reported on line 8k from		1	
r Pa	perwork Reducti			the rental of personal property engaged in for profit	24b		
			С	Nontaxable amount of the value of Olympic and Paralympic			
					24c		
		- 1			24d		
		- 1	е	Repayment of supplemental unemployment benefits under the			
		- 1			24e		
		- 1	f	Contributions to section 501(c)(18)(D) pension plans	24f		
		- 1	g	Contributions by certain chaplains to section 403(b) plans	24g		
			h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
		- 1		Attorney fees and court costs you paid in connection with an	2411		
				award from the IRS for information you provided that helped the			
		- 1		IRS detect tax law violations	24i		
		- 1	j	Housing deduction from Form 2555	24j		
			k	Excess deductions of section 67(e) expenses from Schedule K-1			
				(Form 1041)	24k		
			z	Other adjustments. List type and amount	24z		
			25	Total other adjustments. Add lines 24a through 24z		25	
			26	Add lines 11 through 23 and 25. These are your adjustments t	to income. Enter		
				here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line		26	
					1	Schedu	ale 1 (Form 1040) 2021

Deductions

- The AGI calculation includes certain allowable deductions that reduce the total gross income.
- These deductions follow IRS rules.
 - Some deductions may have annual limits or are variable.



5% FPL Income Disregard

- Countable MAGI is reduced by an amount equal to five percentage points of the federal poverty level (FPL) based on the household size to determine net income.
 - Exception: Recipients of Parent/Caretakers) Medical (N01) do not receive this income disregard unless they are receiving Medicare.

See WAC 182-509-0300



MAGI Calculation



- Allowable IRS Deductions
- 5% FPL Income Disregard

Total MAGI



Point-In-Time Methodology

Point-In-Time Income

- Definition: Income that is received or likely to be received in the month a person applies, renews coverage, or has a redetermination of Apple Health coverage.
- A point-in-time calculation can be used to determine a person's countable income.

See WAC 182-509-0310



Point-In-Time Calculation

- The following calculations are used to determine a person's countable income when they are paid more than once per month:
 - ► Weekly: multiply weekly expected income by 4.3.
 - Every other week: multiply expected income by 2.15.
 - Twice per month: multiply expected income by 2.
- For those paid less than once a month, individuals can use an average to calculate monthly income.
 - Monthly average total income for a period divided by the # of months in the timeframe.



Point-In-Time Calculation

- When reporting income for individuals whose income varies seasonally, individuals can choose to use either the point-in-time methodology or by calculating the monthly average.
 - Example: Fishers who work seasonally during the summer.



Earned Income

Earned Income

- Earned income is income received from working, which may include:
 - Wages;
 - Salaries;
 - Tips;
 - Commissions;
 - Bonuses; and
 - Profits from self-employment activities.
- The taxable gross amount of earnings are used to determine eligibility.

See WAC 182-509-0330



Self-Employment Income

Self-Employment Income

Self-employment income is earned by an individual, from:

- Running a business;
- Performing a service;
- Selling items that are made; or
- Reselling items with the intent to make a profit.
- This income can be earned if the person is:
 - Performing a trade;
 - In business as a sole proprietor or an independent contractor;
 - Member of partnership that carries on a business; or
 - Otherwise in business for themselves.

See WAC 182-509-0365



Determining Self-Employment

- Self-employment income is determined using an individual's most recent federal tax return, unless:
 - The individual does not file taxes;
 - The individual has not been in business long enough to have filed a tax return for their new business; or
 - The most recent tax return is not a good reflection of their current income.
- If any of these conditions apply, individuals can report their income using their most recent three-month profit and loss statement.



Calculating Self-Employment

Net self-employment is used to determine eligibility for MAGI Apple Health programs.

Gross Self-Employment Income

- Allowable IRS Business Expenses

Net Self-Employment Income



Self-Employment Income

Types of self-employment for individuals can include:

- Babysitting.
- Drive for Uber or Lyft.
- Rent out a room of their home.
- Resell items on Ebay.
- Own their own daycare.
- Partner in a medical practice.
- Shareholders in their own corporation.



Sole Proprietorship

Description	This common business structure is and operate. The individual is in b personally liable for all debts incur business. Can include royalties and some lin companies (LLC).	usiness alone and rred by the					
Business require	d to file taxes?	No					
IRS Tax Form(s) & Location	Schedules C and Schedule 1, line 3						
Common Examples		Babysitters, bookkeepers, real estate agents, shopkeepers, private contractors, translators, truck drivers, insurance agents, etc.					



	EDULE C n 1040)		Profit or Loss From Business (Sole Proprietorship)		18 No. 1545-0 20 21		-
Departm	nent of the Treasury		vw.irs.gov/ScheduleC for instructions and the latest information.	Att	achment		
	Revenue Service (99) of proprietor	Attach to Form 10	40, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form	cial security	quence No. 0	9 N\	-
The first	or proprietor			cial security i		.,	
A	Principal busine	ess or profession, includ	ing product or service (see instructions) B	Enter code from		s]
C	Business name	. If no separate busines	s name, leave blank.	Employer ID nu	mber (EIN) (se	e instr.)	
E F	Business addre City, town or p	SCHEDULE 1 (Form 1040)	Additional Income and Adjustments	to Incor	ne		DMB No. 1545-0074
F G H	Accounting me Did you "mater		Attach to Form 1040, 1040-SR, or 1040-NF Go to www.irs.gov/Form 1040 for instructions and the lat		on.		2021 Attachment Sequence No. 01
1	If you started o Did you make a If "Yes," did yo		orm 1040, 1040-SR, or 1040-NR		_		security numbe
Par	Income	Part I Addit	onal Income				
1	Gross receipts Form W-2 and		unds, credits, or offsets of state and local income taxe	s	· · ·	1	
2	Returns and all Subtract line 2		ceived			2 a	
4	Cost of goods		jinal divorce or separation agreement (see instructions)	•			
5	Gross profit. S		ncome or (loss). Attach Schedule C			3	
7	Gross income.	-	s or (losses). Attach Form 4797			4	
	Expense	5 Rental real Schedule 8	l estate, royalties, partnerships, S corporations, tr	usts, etc.	Attach	5	
8	Advertising . Car and truck e		ne or (loss). Attach Schedule F			6	
	instructions)					-	
10	Commissions a		nent compensation			7	
11 12	Contract labor (s Depletion	8 Other inco					
13	Depreciation an expense ded	 a Net operat 		8a ()		
	included in P	b Gambling		8b			
14	instructions) Employee bene		n of debt	8c			
15	(other than on I Insurance (othe	. . .	rned income exclusion from Form 2555	8d ()		
16	Interest (see ins		ealth Savings Account distribution	8e			
а	Mortgage (paid		manent Fund dividends	8f			
ь 17	Other Legal and profes	g Jury duty p	,	8g			
28	Total expense	h Prizes and		8h			
29 30	Tentative profit Expenses for t		engaged in for profit income	8i			
30	unless using th		ons	8j			
	Simplified met		m the rental of personal property if you engaged in or profit but were not in the business of renting such				
	and (b) the part Method Works			8k			
31	Net profit or (k	I Olympic a	nd Paralympic medals and USOC prize money (see				
	 If a profit, ent checked the bo 		s)	81			
	• If a loss, you		1(a) inclusion (see instructions)	8m			
32	If you have a lo		1A(a) inclusion (see instructions)	8n			
	 If you checke SE, line 2. (If you 		1(I) excess business loss adjustment	80			
	Form 1041, line	p Taxable di	stributions from an ABLE account (see instructions) .	8p			
For Pa	If you checke perwork Reduc	z Other inco	me. List type and amount ►	8z			
		9 Total other	income. Add lines 8a through 8z			9	
			ines 1 through 7 and 9. Enter here and on Form 1		-SR, or	-	
		1040-NR,	ine 8			10	
		For Paperwork Redu	tion Act Notice, see your tax return instructions. Cat. No	71479F		Schedu	ule 1 (Form 1040) 20

Sole Proprietorship Tax Forms

- Business profit or loss is calculated and reported using Schedule C.
- The total business profit or loss is reported on Schedule 1 line 3, along with other income and adjustments to income.



Partnership

Description	Income received from a busi exists between two or more carry on a trade or business. partnerships can include, ger partnership, limited liability p limited liability limited partne	persons who join to The different types of neral partnership, limited artnership (LLP), and			
Business require	d to file taxes?	Yes			
IRS Tax Form(s) & Location	Form 1065, Schedules E, and Schedule 1, line 5				
Common Examples	Real estate businesses, dance studios, medical and legal practices, marketing firms, small retail stores, etc.				



Form	10	65					OMB No. 1545	-0123		
Depart	ment of t	he Treasu	ry F			year beginning, 2021, ending, 20	202	1		
		e Service iness activ	itv		Go to www.in	s.gov/Form1065 for instructions and the latest information.	Employer identifica	tion number		
	÷					-				
B Prin	cipal prod	SCH	EDU		1	Supplemental Income and Loss		OMB No. 1	545-00	74
C Bus	iness co	(Form	104	0)	(From renta	I real estate, royalties, partnerships, S corporations, estates, trusts, REMI	Cs, etc.)	20	21	
	_	Departm	ent of t	the Treasury ie Service (99)		Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.		Attachmen		.
6 0	heck ar			n on return		to www.ins.gov/schedulet. for instructions and the latest information.	Your social s	Sequence ecurity nu		<u> </u>
	heck ac									
	umber (Part	٠			n Rental Real Estate and Royalties Note: If you are in the business of	renting perso	nal prope		
	heck if heck if p	A Di	d you	SCHED (Form 1		Additional Income and Adjustments to	Income	•	0	MB No. 1545-0074
	ion: In	B If	Yes,	•	t of the Treasury	Attach to Form 1040, 1040-SR, or 1040-NR.				2021
	1a b	A		Internal Re	venue Service	► Go to www.irs.gov/Form1040 for instructions and the latest	information.		S	ttachment Sequence No. 01
	c	В		Name(s)	shown on Fo	rm 1040, 1040-SR, or 1040-NR		Your so	cial s	ecurity number
Pe	2	C 1b	Т	Part	Additio	onal Income				
ncome	3		(1 1	avable refu	inds, credits, or offsets of state and local income taxes .			1	
5	5	A B						• •	2a	
	67	С				nal divorce or separation agreement (see instructions)			20	
	8	Type 1 Sin							2	
ê	9 10	2 Mu	lti-Fa			come or (loss). Attach Schedule C		• •	3	
limitations)	11	Incon 3	ne: Ron			or (losses). Attach Form 4797			4	
<u>b</u>	12 13	4	Roy		Schedule E	estate, royalties, partnerships, S corporations, trust	is, etc. P	attach	5	
ctions	13	Exper 5	nse <mark>t:</mark> Adv			e or (loss). Attach Schedule F			6	
(see instructions	15	6	Aut			ent compensation			7	
	16a b	7 8	Clea		Other incom		1	• •	-	
Deductions	17	9	Cor Insu		Vet operatir)		
uct	18 19	10	Leg		Sambling in			,		
Ded	20	11 12	Mar Mor		Cancellation					
	21	13	Oth			ned income exclusion from Form 2555 8	-			
÷	23	14 15	Rep Sup				- 0			
nen	24	16	Tax			alth Savings Account distribution 8 nanent Fund dividends 8	-			
and Payment	25 26	17 18	Utili Dep				-			
pu	27	19	Oth	-	lury duty pa		-			
Таха	28 29	20	Tota		Prizes and a					
Ĕ	30	21	Sub rest			engaged in for profit income 8				
•	. 1	22	file Dec			ns	bi			
Sigi Her		22	on I			n the rental of personal property if you engaged in or profit but were not in the business of renting such				
Tier	٠	23a b	Tota Tota				k			
Paid	. 1	c	Tota	1.0	Olympic an	d Paralympic medals and USOC prize money (see				
	arer	d	Tota	i	nstructions)	1			
Use	Only	е 24	Tota Inc	m S	Section 951	(a) inclusion (see instructions)	m			
For P	aperwo	25	Los	n 8	Section 951	A(a) inclusion (see instructions)	n			
		26	Tot	0 5	Section 461	(I) excess business loss adjustment	0			
			Sch	рľ	axable dist	ributions from an ABLE account (see instructions) .	р			
		For Pa	perw	z (Other incom	ne. List type and amount >				
						8				
						ncome. Add lines 8a through 8z			9	
					Combine lir	nes 1 through 7 and 9. Enter here and on Form 1040	u, 1040-S	H, or	10	
						ion Act Notice, see your tax return instructions. Cat. No. 714	479F		_	ile 1 (Form 1040) 2021

Partnership Tax Forms

- Partnership income is calculated on Schedule E.
- The total partnership income is reported on Schedule 1 line 5, along with other income and adjustments to income.



Corporation

Description	Has a more complex business structure owners of the corporation are employ corporation that receive wages and car income from the corporation. The type can be C corporations, S corporations some limited liability companies (LLCs)	vees of the an receive additional bes of corporations and profit, and			
Business require	d to file taxes?	Yes			
IRS Tax Form(s) & Location	Form 1120/ 1120S, Schedule E, Schedule 1, line 5. Wages will show on line 1 of Form 1040.				
Common Examples	Gas stations, general stores, real estate insurance agencies, chiropractors, der				



chedule Form 112						2021	Part	inal K-1 Sha Dec	reholder's	mende Shar redits	e of C	o Current Year Other Items	MB No. 1 Incom	1545-0123 1 e,	3			
epartment of ternal Revenu	the Treasur	У		For cale	lendar y	sar 2021, or tax year	1 0		iness income		13	Credits			1			
ha (Forn	EDULE n 1040)	E	(From ren	tal rea		Suppleme te, royalties, par	tnerships,	S corpo	rations, est	ates, t	rusts,	REMICs, etc.	. 	MB №. 1	545- 2'	-	-	
Departr Internal	De		LE1	_	_	Attach to Form	n 1040, 104	40-SR, 10	040-NR, or	1041.	_					-	1545-007	
Name(m 10			A	ditional l	ncome	e and	Adjust	mer	ts t	to Incom	e	H	_			4
Par	Depart	tment o	f the Treasury						, 1040-SR,						A+	tachm) 21	
3	interna		ue Service	n 10/		Go to www.irs.g 40-SR, or 1040		040 for i	nstructions	and th	ie late	st informatio					e No. 01 ty numb	
A D	d	e(s) s	nown on For	11 104	40, 10	40-5h, 0r 1040	-inn						Tou	ir socia	i se	scun	y nume	Jer
1a		art I	Additio	nal I	Inco	me												
A	1 1	Та	xable refu	nds.	cred	its, or offsets	s of state	e and l	ocal inco	me t	axes			. 1				
B C	2a		mony rece											. 2	+			_
1b	-							· · · ·			 				-	-		_
-						e or separatio					is) 🖻		_					
A B	3					oss). Attach			• • •	• •	• •		• •	. 3	+	_		
	4	O	her gains (or (lo	ISSes	Attach For	m 4797							4	4			
P Type				esta	ate, r	oyalties, pa	rtnershi	ps, S	corpora	tions	, tru	ists, etc.	Attac					_
1 Sin 2 Mu	Itil		hedule E	• •										. 5	-			_
Incor		Fa	rm income	or (l	(loss).	Attach Sche	edule F							. 6				
5 3	7	U	e r '	-							_			-	-	_		
4	7	Ur Of			Departme	ent of the Treasury-Inte			(99)	202	21			-				
3	7	0	he 104		Departme	nt of the Treasury-Inte	come T	ax Ref	turn	202		OMB No. 1545-			-			
3 4 Expe 5 6	7 ns 8	Of Ne	t Filing Sta	tus [Departme U.S.	nt of the Treasury-Inte Individual In	icome T	ax Ret	turn	arately	(MFS)	Head of h	ousehol	ld (HOH)		Qua	lifying wid	dow(er) (
3 4 Expe 5 6 7 8	ns 8	Of Ne G	Filing Sta Check only one box.		Departme U.S. Sing If you cl person	Int of the Treasury-Inte Individual In Individual In Inecked the MFS b is a child but not y	ing jointly ox, enter th	Marr Marr ne name of	turn	arately	(MFS)	Head of h	ousehol	ld (HOH)		Qua	lifying wid	dow(er) (
3 4 Expe 5 6 7 8	ns 8	Of Ne Gi Ci	Filing Sta Check only one box.		Departme U.S. Sing If you cl person	Int of the Treasury-Inte Individual In Individual In Inecked the MFS b is a child but not y	ing jointly ox, enter th	Marr Marr ne name of	turn	arately	(MFS)	Head of h	ousehol	ld (HOH)	the c] Qua child's	lifying wid name if t	dow(er) (the quali
3 4 Expe 5 6 7 3 9 10	ns 8	Of No Ga Ca Fo	Filing Sta Check only one box. Your first n	tus [It ame and	Departme U.S. Sing If you cl person nd middle	Int of the Treasury-Inte Individual In Individual In Inecked the MFS b is a child but not y	ing jointly ox, enter th our depend	Marr Marr Me name of dent	turn diling sep f your spouse ame	arately	(MFS)	Head of h	ousehol	ld (HOH)	the c] Qua child's 'our so	lifying wid name if t cial secur	dow(er) (the qualit ity numb
3 4 Expe 5 6 7 3 9 10	ns 8	Of No Ga Ca Fo Ta	ti Filing Sta Check only one box. Your first n re If joint retur	tus [tus] tu	Departme U.S. Sing If you cl person nd middle use's firs	Int of the Treasury—Inte Individual In Individual In Individual In Individual Individual Individual Individual Individual Individual Individual Individual Individual Individual Individual Individual Individual Individual	ing jointly ox, enter th our depend	Cax Ret Marr ne name of dent ► Last n Last n	turn diring sep f your spouse ame ame	arately	(MFS)	Head of h	QW bo	ld (HOH) ox, enter t	the c] Qua child's 'our so ipouse'	lifying wid name if t cial secur	dow(er) (the quali ity numb ecurity nu
3 4 Expe 5 6 7 3 9 10 11 12 13	ns 8	Of No Ga Ca Fo	ti Filing Sta Check only one box. Your first n re If joint retur	tus [tus] tu	Departme U.S. Sing If you cl person nd middle use's firs	Int of the Treasury—Inte Individual In Ile Married fil necked the MFS b is a child but not y initial	ing jointly ox, enter th our depend	Cax Ret Marr ne name of dent ► Last n Last n	turn diring sep f your spouse ame ame	arately	(MFS)	Head of h	QW bo	ld (HOH)	Yo Yo SI Pi C] Qua child's 'our so 'pouse' 'reside Check h	ifying wic name if t cial secur s social se social se ntial Elect nere if you	dow(er) (the qualit ity numb ecurity nu curity nu tion Camp
3 4 Expe 5 6 7 3 9 1 10 1 11 12 13 14 14	ns 8	Of Ne Ga Ca Fo Ta Al	tt Filing Sta Check only one box. Your first n Your first n If joint retur	FU tus H P ame and n, spou	Departme U.S. Sing If you cl person nd middle use's firs	Int of the Treasury—Inte Individual In Individual In Individual In Individual Individual Individual Individual Individual Individual Individual Individual Individual Individual Individual Individual Individual Individual	ing jointly ox, enter th our depend nitial a P.O. box,	Cax Ret Marrie name of dent ► Last n Last n see instruct	turn 4 ried filing sep f your spouse aame aame tions.	arately a. If you	(MFS)	Head of h ked the HOH or	QW bo	ld (HOH) ox, enter t t. no.	Pr C Sp to	Qua child's 'our so 'pouse' 'reside Check h pouse o go to	lifying wid name if t cial secur s social se mtial Elect nere if you if filing joi this fund.	dow(er) (the quali ity numb ecurity numb ion Cam i, or your intly, war . Checkir
3 4 Expe 5 6 7 3 9 10 11 12 13	ns 8 a b c d e f	Of Ne Ga Ca Fo Ta Al	Filing Sta an Check only one box. Your first n If joint retur as Home addr	tus H parme and n, spou ess (nur or post	Departme U.S. Sing If you cl person nd middle use's firs umber an	Int of the TreasuryInte Individual In Individual In Individual In Incked the MFS b is a child but not y initial t name and middle in d street). If you have	ing jointly ox, enter th our depend nitial a P.O. box,	Cax Ret Marrie name of dent ► Last n Last n see instruct	turn 4 ried filing sep f your spouse ame tions. spaces below	arately a. If you	(MFS) check	Head of h ked the HOH or	QW bo:	Id (HOH) ix, enter t t. no.	Pri C Sp ta b	Qua child's 'our so pouse' 'reside Check h pouse o go to oox belo	lifying wid name if t cial secur s social se social se ntial Elect here if you if filing joi	dow(er) (the quali ity numb ecurity numb ion Cam i, or your intly, war . Checkir it change
3 4 Expe 5 6 7 7 8 9 10 11 12 13 14 15 16 17	ns 8 a b c d e f	Of No Ga Ca Fo Ta Al Ju	Hing States Filing States Check only one box. Your first n If joint retur as Home addr City, town, City, town, Foreign cou	tus H parme and n, spou ess (nur or post	Departme U.S. Sing If you cl person nd middle use's firs umber an	Int of the TreasuryInte Individual In Individual In Individual In Incked the MFS b is a child but not y initial t name and middle in d street). If you have	ing jointly ox, enter th our depend nitial a P.O. box,	Cax Ret Marrie name of dent ► Last n Last n see instruct	turn 4 ried filing sep f your spouse aame aame tions.	arately a. If you	(MFS) check	Head of h ked the HOH or	QW bo:	ld (HOH) ox, enter t t. no.	Pri C Sp ta b	Qua child's 'our so pouse' 'reside Check h pouse o go to oox belo	lifying wid name if t cial secur s social se mtial Elect nere if you if filing joi this fund.	dow(er) (the qualif ity numb ecurity nu tion Camp I, or your I, or your
3 4 Expe 5 6 7 3 9 10 11 12 13 14 15 16 17 18	ns 8 a b c d e f	Of Ne Ga Ca Fo Ta Al Ju Pr	Hind Line and American Strain	The second secon	Departme U.S. Sing If you cl person nd middle use's firs umber an t office. I	Int of the TreasuryInte Individual In Individual In Individual In Incked the MFS b is a child but not y initial t name and middle in d street). If you have	acome T ing jointly ox, enter th our depend utial a P.O. box, address, also	Tax Ret Marrie name of Jent ► Last n Last n see instruc	turn 4 ried filing ser f your spousi ame tions. spaces below Foreign provi	arately a. If you	(MFS) i check Stat	Head of h keed the HOH or te y	QW bo: QW bo: Apt. ZIP code	ld (HOH) x, enter t t. no.	Pi C Sp ta b yo	Qua child's 'our so 'reside Check I pouse o go to o go to o so bell our tax	lifying wic name if t cial secur s social se ntial Elect ntial Elect if filing joi if filing joi this fund. ow will no c or refund	dow(er) (i the qualif ity numbe curity nu courity nu ion Camp i, or your intly, wan . Checkin t change d. Sp
3 4 Expe 5 6 7 7 8 9 10 11 12 13 14 15 16 17	ns 8 a b c c f f h i j	Of No Gi Ca Fo Ta Al Ju Pr Ac	h light for the second	I I I I I I I I I I I I I I I I I I I	Departme U.S. Sing If you cl person and middle use's firs umber an t office. I ame ag 2021, Someon	Individual In Individual In Individual In Individual In le Married IFS bis a child but not y initial t name and middle in d street). If you have f you have a foreign did you receive, s ne can claim:	ing jointly ox, enter th our depend witial a P.O. box, address, also well, exchan] You as a	Cax Ref Marrie name of dent ► Last n Last n Last n see instruc o complete	turn 4 ied filing ser f your spousi ame ame tions. spaces below Foreign provi rervise dispor nt Your	arately a. If you nce/stat	(MFS) check stat e/count ny fina use as	Head of h eed the HOH or te y uncial interest in a dependent	QW bo: QW bo: Apt. ZIP code	ld (HOH) x, enter t t. no.	Pi C Sp ta b yo	Qua child's 'our so 'reside Check I pouse o go to o go to o so bell our tax	ifying wic name if t cial secur s social se intial Elect nere if you if filing joid. ow will no c or refund You	dow(er) (i the qualif ity numbe curity nu courity nu ion Camp i, or your intly, wan . Checkin t change d. Sp
3 4 4 Expe 5 6 7 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	ns 8 a b c c f f h i j	Of No Of Of Of Of Of Of Of Of Of Of Of Of Of	He function of the second seco	HU I I I I I I I I I I I I I I I I I I I	Department U.S. Singgo and the second	Individual In Individual In Individual In Individual In le Married II le Married II is a child but not y initial t name and middle ir d street). If you have d street). If you have f you have a foreign did you receive, s se can claim: use itemizes on a	ing jointly ox, enter th our depend attial a P.O. box, address, also sell, exchan] You as a separate re	Last n Last n Last n Last n complete	turn 4 ried filing sep f your spous ame ame tions. spaces below Foreign provi rerwise dispont nt You were a du	arately . If you	(MFS) check stat e/count ny fina use as s alien	Head of F ted the HOH or v re y ncial interest ir a dependent	Apt. ZIP code Foreign p	Id (HOH) ix, enter t t. no.	Pi C Si b e yc	Qua child's 'our so ipouse' 'reside bheck h pouse o go to ox bel our tax y?	lifying wic name if t cial secur s social se intial Elect sere if you this fund, ow will no c or refund You Yes	dow(er) ((the qualif ity numbe scurity num ion Camp , or your intly, wan . Checkin t change d. Spo No
3 4 4 Expe 5 6 7 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	ns 8 a b c c f f h i j	Of No Gaine Caine	Here and the second sec	FU	Department U.S. Sing If you cl person and middle use's first umber an t office. I t office. I ame ag 2021, Someor Spo	Individual In Individual In Individual In Individual In Individual In Individual Individual Is a child but not y initial It name and middle in I south the south of the south of the I south of the south of the south of the I south of the south of the south of the I south of the south of the south of the south of the I south of the south of the south of the south of the I south of the south of	ing jointly ox, enter th our depend attial a P.O. box, address, also sell, exchan] You as a separate re	Last n Last n Last n Last n complete	turn 4 ried filing sep f your spous ame ame tions. spaces below Foreign provi erwise dispornt You you were a du	arately . If you	(MFS) check stat e/count ny fina ise as s alien pouse	Head of H ed the HOH or e e ncial interest in a dependent Was born	Apt. ZIP code Foreign p any vir	Id (HOH) ix, enter t t. no. postal code rtual curre e January	Ph C Sp to bo e yc	Qua child's 'our so 'pouse' 'reside Check I pouse o go to box bell cour tax y? 1957	lifying wic name if t cial secur s social se in tial Elect this fund. ow will no c or refund You Yes Is b	dow(er) (the qualit ity numb scurity numb courity numb ion Camp , or your inty, wan . Checkir t change d. Sp No
3 4 4 Expe 5 6 7 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	ns 8 a b c c f f h i j	Of No Gaine Caine	h g 104 Filing Sta no Check only If Joint return Mour first ni If Joint return Home addr City, town, Z Foreign co. A tany time Standard Depende	HU I I I I I I I I I I I I I I I I I I I	Department U.S. Sing If you cl person and middle use's first umber an t office. I t office. I ame ag 2021, Someor Spo	Int of the Treasury-Inte Individual In Individual In Married fil heecked the MFS b is a child but not y initial t name and middle in d street). If you have f you have a foreign did you receive, s the can claim: use itemizes on a Ware born befor ructions):	ing jointly ox, enter th our depend attial a P.O. box, address, also sell, exchan] You as a separate re	Last n Last n Last n Last n complete	turn 4 ried filing sep f your spouse ame tions. spaces below Foreign provi rerwise dispont rt Va u were a du Are blinc (2) Soc	arately . If you	(MFS) check stat e/count ny fina ise as s alien pouse	Head of F ted the HOH or v re y ncial interest ir a dependent	Apt.	Id (HOH) ix, enter t t. no. postal code rtual curre e January	Pr S Pr C s yc v 2, 1 quali	Qua child's 'our so pouse' 'reside Dheck h our tax y? 1957	ifying wic name if t cial secur s social se intial Elect nere if you if filing joi this fund. ox will no c or refund You Yes l Is b r (see instri	dow(er) (i the qualif ity numb- ity numb- ecurity nu tion Camp , or your intly, wan . Checkin it change J. Sp . No Dind uctions):
3 4 4 Expe 5 6 7 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Tins 8 8 6 6 7 8 8 8 8 8 9 8 1 8 1 8	Of No Of No Of Ca Fc Ta Fc Ta Fc Ta Fc Ta Fc No Of Ca Fc Ta Fc St Ca Ta Fc Of Ca Fc Fc Fc Ca Fc Fc Fc Fc Fc Fc Fc Fc Fc Fc Fc Fc Fc	Home addr Home addr Home addr City, town, City, town,	Image: system of the system	Department U.S. Sing If you cl If you cl If you cl use's firs umber an t office. I ame ame og 2021, Someor Spo You:	Int of the Treasury-Inte Individual In Individual In Married fil heecked the MFS b is a child but not y initial t name and middle in d street). If you have f you have a foreign did you receive, s the can claim: use itemizes on a Ware born befor ructions):	ing jointly ox, enter th our depend witial a P.O. box, address, also sell, exchan] You as a separate re e January 2	Last n Last n Last n Last n complete	turn 4 ried filing sep f your spouse ame tions. spaces below Foreign provi rerwise dispont rt Va u were a du Are blinc (2) Soc	arately a. If you nce/stat ur spou al-statu S al secur	(MFS) check stat e/count ny fina ise as s alien pouse	Head of the HOH or ed the HOH or	Apt.	Id (HOH) ix, enter t t. no. postal code rtual cum e January (4) ✔ if	Pr S Pr C s yc v 2, 1 quali	Qua child's 'our so pouse' 'reside Dheck h our tax y? 1957	ifying wic name if t cial secur s social se intial Elect nere if you if filing joi this fund. ox will no c or refund You Yes l Is b r (see instri	dow(er) ((the qualif ity numbe ecurity numbe ition Camp i, or your intly, wan i, or your intly, wan i, or checkin i change i. Spin No blind uctions):
3 4 4 Expe 5 6 7 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Tins 8 8 6 6 7 8 8 8 8 8 9 8 1 8 1 8	Of No Of Of Of Of Of Of Of Of Of Of Of Of Of	h 1104 Filing Sta In Check only In Check only If joint return A more addr If joint return If joint return A more addr City, town, City,	Image: system of the system	Department U.S. Sing If you cl If you cl If you cl use's firs umber an t office. I ame ame og 2021, Someor Spo You:	Int of the Treasury-Inte Individual In Individual In the Married fil the Married fil t	ing jointly ox, enter th our depend witial a P.O. box, address, also sell, exchan] You as a separate re e January 2	Last n Last n Last n Last n complete	turn 4 ried filing sep f your spouse ame tions. spaces below Foreign provi rerwise dispont rt Va u were a du Are blinc (2) Soc	arately a. If you nce/stat ur spou al-statu S al secur	(MFS) check stat e/count ny fina ise as s alien pouse	Head of the HOH or ed the HOH or	Apt.	Id (HOH) ix, enter t t. no. postal code rtual cum e January (4) ✔ if	Pr S Pr C s yc v 2, 1 quali	Qua child's 'our so pouse' 'reside Dheck h our tax y? 1957	ifying wic name if t cial secur s social se intial Elect nere if you if filing joi this fund. ox will no c or refund You Yes l Is b r (see instri	dow(er) ((the qualif ity numbe ecurity numbe ition Camp i, or your intly, wan i, or your intly, wan i, or checkin i change i. Spin No blind uctions):
3 4 Expe 5 6 7 8 9 10 11 12 13 14 16 17 18 19 20 21 23a b c c c	Tins 8 8 6 6 7 8 8 8 8 8 9 8 1 8 1 8	Of No Of Of Of Of Of Of Of Of Of Of Of Of Of	h 1104 Filing Sta in Check only in Check only	Hutus H H H F F Arme and or post or post or post during during during during s f f S S , , , , , , , , , , , , , , , ,	Departme U.S. Sing If you cl person d middle use's firs umber an t office. I ame ing 2021, Someor Spo You: (1) First i	Individual In Individual In Individual In Individual In Individual In Individual In Individual Individual Is a child but not y initial It name and middle in I so that the MFS be I so a child but not y initial I so and middle in I so that the MFS be I so and I so and I I	ing jointly ox, enter th our dependent attial a P.O. box, address, also sell, exchan geparate re e January 2 st name	Tax Ref Marrie name of dent ► Last n Last n Last n see instruc o complete nge, or oth depended sturn or yo 2, 1957	turn 2 filing sep f your spouse ame tions. spaces below Foreign provi rerwise dispont mt Yau were a du Q Soc nu (2) Soc	arately a. If you nce/stat ur spou al-statu S al secur	(MFS) check stat e/count ny fina ise as s alien pouse	Head of the HOH or ed the HOH or	Apt.	Id (HOH) ix, enter t t. no. postal code rtual cum e January (4) ✔ if	Pr S Pr C s yc v 2, 1 quali	Qua child's 'our so ipouse' 'reside Check I pouse our tax y? 1957 1957	ifying wic name if t cial secur s social se intial Elect nere if you if filing joi this fund. ox will no c or refund You Yes l Is b r (see instri	dow(er) (i the qualif ity numb- ity numb- ecurity nu tion Camp , or your intly, wan . Checkin it change J. Sp . No Dind uctions):
3 4 Expe 5 6 7 8 9 10 11 12 13 14 15 15 16 17 18 19 9 20 21 23a b	Tins 8 8 6 6 7 8 8 8 8 8 9 8 1 8 1 8	Of No Of Of Of Of Of Of Of Of Of Of Of Of Of	Home addr Home addr Home addr Home addr City, town, City, town, Garden and the Home addr City, town, City, town, Garden addr Home addr City, town, Garden addr Home addr City, town, Garden addr Home addr Home addr City, town, Garden addr Home addr Home addr Home addr City, town, Garden addr Home addr Home addr City, town, Garden addr Home addr H	tus [H H H H H H H H H H H H H	Department U.S. Sing If you cl person ad middlk use's fira umber an t office. I someor Spo Someor Spo Someor Spo Someor Spo Someor Spo Someor Spo Someor Spo Someor Spo Someor Spo Someor Spo Someor Spo Someor Spo Someor Spo Someor Spo Someor Spo Someor Spo Someor Spo Someor Spo Someor Spo Spo Spo Spo Spo Spo Spo Spo Spo Spo	Int of the Treasury-Inte Individual In Individual In the Married fil the Married fil t	ing jointly ox, enter th our dependent witial a P.O. box, address, also sell, exchan] You as a separate re e January 2 st name	Tax Ref Marrie name of dent ► Last n Last n Last n see instruc o complete nge, or oth depended sturn or yo 2, 1957	turn 2 filing sep f your spouse ame tions. spaces below Foreign provi rerwise dispont mt Yau were a du Q Soc nu (2) Soc	arately a. If you nce/stat ur spou al-statu S al secur	(MFS) check star e/count ny fina use as s alien pouse ity	Head of the HOH or ed the HOH or is in the HOH or is	Apt ZIP code	Id (HOH) ix, enter t t. no. postal code rtual cum e January (4) ✔ if	Pr S Pr C s yc v 2, 1 quali	Qua child's 'our so pouse' 'reside Dheck h our tax y? 1957	lifying wice name if t social secur s social se intial Elect if filing joint if filing joint or refund we will no or refund y Yes (see instruction (r (see instruction (r (see instruction)))	dow(er) (i the qualif ity numb- ity numb- ecurity nu tion Camp , or your intly, wan . Checkin it change J. Sp . No Dind uctions):
3 4 Expe 5 6 7 8 9 10 11 12 13 14 16 17 18 19 20 21 23a b c c c	Tins 8 8 6 6 7 8 8 8 8 8 9 8 1 8 1 8	Of No Of Of Of Of Of Of Of Of Of Of Of Of Of	He filling Sta He filling Sta	tus [H H F F H H F F F F F F F F F F F F F	Departmer U.S. Sing If you ol person d middle use's firs umber an t office. I someor Sopo You: (1) First r (2) First r You: (1) First r	Ind of the Treasury-Inte Individual In Individual In Individual In the Maried fil tesced the MFS bits is a child but not y initial t name and middle in t name and middle in t name and middle in t out of the MFS bits t name and middle in t out of the MFS bits t out of the MFS bits t out of the MFS bits t out of the MFS bits is a child but not y is a child but not y is a child but not y t out of the MFS bits t out of the MFS bits is a child but not y is a child but not y is a child but not y t out of the MFS bits is a child but not y is a ch	ing jointly ox, enter th our dependent a P.O. box, address, also sell, exchan] You as a separate re e January 2 st name	Image: set instruction Image: set instruction Last n Last n Last n Last n see instruction Last n dependent Last n see instruction Last n complete Last n <	turn 2 filing sep f your spouse ame tions. spaces below Foreign provi rerwise dispont mt Yau were a du Q Soc nu (2) Soc	arately a. If you nce/stat ur spou al-statu S al secur	(MFS) check stat e/count ny fina use as s alien pouse ity b T. b O	Head of the HOH or ed the HOH or ed the HOH or interest in a dependent Was bori Was bori Was bori to you	Apt Apt ZIP code	Id (HOH) ix, enter t t. no. postal code rtual cum e January (4) ✔ if	Pr S Pr C s yc v 2, 1 quali	Qua child's 'our so pouse' 'reside treside pouse o go to our tax y? 1957 iffies to fit 1 2 3 b	lifying wive in the second sec	dow(er) (the quali ity numb scurity numb tion Camp t, or your ntly, war . Checkin t change d. Sp No Dlind uctions):
3 4 4 Expe 5 6 7 8 9 10 11 11 13 14 16 16 17 18 20 21 23a b c d 22 23a b c 24 25	Tins 8 8 6 6 7 8 8 8 8 8 9 8 1 8 1 8	Of No Of Ca Ca Fc Fc Fc Fc Fc Fc Fc Fc Fc Fc Fc Fc Fc	he gillouit Filing Sta In Check only If Joint return Mour first n Mour	HU I I I I I I I I I I I I I I I I I I I	Departmet U.S. Sing ff you di use's firs umber an arme g 2021, Someor Spo You: (1) First a see inst (2) First a 2021, Someor Spo You: 1 W 2a T 3a Q 3a Q	Individual In Individual In Individual In Individual In Individual In Individual In Individual Individual Is a child but not y Is a chi	ing jointly ox, enter th our dependent witial a P.O. box, address, also sell, exchan] You as a separate re e January 2 st name	Tax Refi Amaran Ama	turn 2 filing sep f your spouse ame tions. spaces below Foreign provi rerwise dispont mt Yau were a du Q Soc nu (2) Soc	arately a. If you nce/stat ur spou al-statu S al secur	(MFS) check station (MFS) station (MFS) station (MFS) station (MFS) (MFS	e Head of the HOH or ed the HOH or ed the HOH or ended the HOH or end	Apt.	Id (HOH) ix, enter t t. no. postal code rtual cum e January (4) ✔ if	Pr S Pr C s yc v 2, 1 quali	Qua child's 'our so pouse' 'reside chick i pouse o go to our tax y? 1957 iffes fo fit 1 2 2 2 2 2 2 2 2 2 2 2 2 2	lifying wive in the second sec	dow(er) (the qualit ity numb ecurity numb ition Camp i, or your intly, wan . Checkir it change d. Sp No Dlind uctions):
3 4 Expe 5 6 7 8 9 10 11 13 14 15 16 16 17 19 20 21 23a b c d e 24 23a	7 7 8 4 6 7 7 7 7 7 8 8 8 9 9 9 9 9 9 8 1 1 1 1 1 7 8 8 8 8 9 9 8 9 9 8 9 8 9 9 8 9 9 8 9 9 8 1 9 9 9 8 1 1 1 1	Of No Of Of Of Of Of Of Of Of Of Of Of Of Of	the second standard	tus [] tus []	Departmet U.S. Sing fryou of use's firs use's firs umber an t office. I ame ag 2021, Someor Spo You: see inst (1) First Someor So So You: see inst (1) T Someor So So You: Someor So So You: Someor So So You: Someor So So You: Someor So So You: Someor So So You: Someor So So You: Someor So So You: Someor So So You: Someor So So You: Someor So So You: Someor So So You: Someor So So So You: Someor So So So So So So So So So So So So So	Individual In Individual In Individual In Individual In is a child but not y initial t name and middle in d street). If you have d street). If you have a street, If you have a street, If you have t see can claim: use itemizes on a Were born befor ructions): name La ages, salaries, tipp x-exempt interest alified dividends A distributions . misions and annuil colal security bene	ing jointly ox, enter th our dependent a P.O. box, address, also sell, exchan] You as a separate re e January 2 st name	Image: set instruction Image: set instruction Last n Last n Last n Last n see instruction Last n dependent dependent dependent dependent 2a 3a 4a 5a 6a 6a	turn 2 ied filing sep f your spouse ame tions. spaces below Foreign provi rerwise dispent nt Yau Yau were a du Q Soc nt Q Soc nt Q Soc	arately b. If you nce/stat use of a al-statu B al-statu S al secur mbor	(MFS) check stat e/count ny fina se as s alien pouse b T. b T. b T. b T. b T. b T. b T.	Head of t ed the HOH or e	Apt ZIP code any vir	Id (HOH) x, enter t t. no. b January b January (4) V fi Child tax Child tax Child tax	Pr S Pr C s yc v 2, 1 quali	Qua opouse' 'our so pouse' 'reside Dheck t our tax y? 1957 iffes to fit 1 2b 3b 4b 5b 6b	Ifying wine if the second seco	dow(er) (i the qualif ity numb- ity numb- ecurity nu tion Camp , or your intly, wan . Checkin it change J. Sp . No Dind uctions):
3 4 4 Expe 5 6 7 8 9 10 11 11 13 14 16 16 17 18 20 21 23a b c d 22 23a b c 24 25	7 7 8 4 6 7 7 7 7 7 8 8 8 9 9 9 9 9 9 8 1 1 1 1 1 7 8 8 8 9 9 8 9 8 9 9 8 9 9 8 9 9 8 9 9 8 1 9 9 9 8 1 1 1 1	Of No Of Of Of Of Of Of Of Of Of Of Of Of Of	Herein House	tus [H F F F F F F F F F F F F F	Departmet U.S. Single Single S	Individual In Individual In Individual In Individual In Individual In Individual In Individual Individual Is a child but not y initial t name and middle in d street). If you have f you have a foreign did you receive, s are can claim: use itemizes on a Were born befor ructions): hame La ages, salaries, tipp x-exempt inforest alified dividends a distributions . Insions and annuit ocial security bene patal gain or (loss)	ing jointly ox, enter th our dependent witial a P.O. box, address, also sell, exchan] You as a separate re e January 2 st name s, etc. Attac 	Image: a set of the set of	turn 2 filing ser f your spouse ame tions. spaces below Foreign provi terwise dispont (2) Soc nt (2) Soc nt (2) Soc (2)	arately b. If you nce/stat se of a al secur mbor s al secur mbor in ot re	(MFS) a check s check e/count ny fina use as a s alien pouse b T. b T. b T. b T. b T. b T. b T. b T.	e Head of the HOH or ed the HOH or ed the HOH or ended the HOH or end	Apt ZIP code any vir	Id (HOH) x, enter t t. no. b January b January (4) V fi Child tax Child tax Child tax	Pr S Pr C s yc v 2, 1 quali	Qua our so pouse' reside pouse' reside pouse o go to so bel pouse o go to so bel pouse o go to so bel so to so bel so to to to to to so to to to to to to to to to to to to to	Ifying wine if the second seco	the qualify ity number curity number iton Camp i, or your intly, want it change j. Spo No Dlind
3 4 4 Expe 5 6 7 8 9 10 11 11 13 14 16 16 17 18 20 21 23a b c d 22 23a b c 24 25	7 7 8 4 6 6 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Of Of No Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca	Home addr Home addr Home addr Home addr Home addr City, town, City, town, City	tus [] H tus [] H F F F F F F F F F F F F F F F F F F F	Departmet U.S. Sing person and middle use's firs umber an t office. I arme og 2021, Someoro you: see inst (1) First a 2a Te 3a Q 22 Te 3a Pet 6a S 5a Pet 6a S 7 C, C	Individual In Individual In Individual In Individual In is a child but not y initial t name and middle in d street). If you have d street). If you have a street, If you have a street, If you have t see can claim: use itemizes on a Were born befor ructions): name La ages, salaries, tipp x-exempt interest alified dividends A distributions . misions and annuil colal security bene	ing jointly ox, enter th our depend sitial a P.O. box, address, also address, address	ax Reti Amarca Amarca	turn 2 iied filing ser f your spouse ame ame spaces below Foreign provi- rerwise dispon rerwise dispon (2) Soc (2) Soc	arately b. If you nce/stat ase of a al-statu bar bar bar bar bar bar bar bar	(MFS) a check station e/count ny fina use as a s alien pouse b T. b T. b T. b T. b T. b T. b T. b T.	e Head of the HOH or ed the HOH or ed the HOH or ended the HOH or end	Apt ZIP code any vir	Id (HOH) x, enter t t. no. b January b January (4) V fi Child tax Child tax Child tax	Pr S Pr C s yc v 2, 1 quali	Qua opouse' 'our so pouse' 'reside Dheck t our tax y? 1957 iffes to fit 1 2b 3b 4b 5b 6b	Ifying wine if the second seco	dow(er) ((the qualif ity numbe ecurity numbe ition Camp i, or your intly, wan i, or your intly, wan i, or checkin i change i. Spin No blind uctions):

Corporation Tax Forms

Income from dividends or the corporation's gains or losses is reported on various tax forms, but notably listed on line 5 of Schedule 1.

Employees of a corporation receives wages, which would be shown on line 1 of Form 1040.



Rental Income

Description	estate or personal property. This of	ncome or services received from the use of real state or personal property. This can include oyalties (typically property royalties).					
Business requ	ired to file taxes?	No					
IRS Tax Form & Location	Schedule E and Schedule 1, line 5						
Common Examples	Renting a room out of your house, leasing part of your property as storage, having numerous rental homes, etc.						



SCHE (Form			(From rents		lemental Income		BEMICs.etc.)	OMB No.			
Departme					o Form 1040, 1040-SR, 10		Lines, etc.,	20 Attachme	21	1	
Internal R Name(s)				Go to www.irs.gov/S	ScheduleE for instruction	s and the latest informat		Sequence	e No. 1	3	
Name(s)	snow	n on retu	m				Your socia	al security n	umber		
Part					ate and Royalties No dividual, report farm renta				erty, us	se	
A Did B If "	Yes	SCHE (Form	EDULE 1	Additio	onal Income an	d Adjustments	to Incom	e	0	MB No. 1545-0074	_
1a A	Pł	Departm	ent of the Treasury Bevenue Service	► Go to w	Attach to Form 10	040, 1040-SR, or 1040-Ni r instructions and the la			4	2021 Machment Sequence No. 01	
B C		Name	s) shown on For	m 1040, 1040-SR,						ecurity numbe	ar
1b	ŀ										_
		Par	Additio	nal Income							_
- <u>B</u>		1	Taxable refu	nds, credits, or	offsets of state and	l local income taxe	s		1		_
C		2a	Alimony rece	eived					2a		
Type o 1 Sing		b	Date of origin	nal divorce or se	paration agreement	t (see instructions)	>				
2 Mult	i-Fa	3	Business inc	ome or (loss). A	ttach Schedule C				3		
-	e:	4	Other gains	or (losses). Atta	ch Form 4797				4		
4	Ro	5		estate, royaltie	es, partnerships,	S corporations, tr	rusts, etc.	Attach			
Exper	ses Ad		Schedule E						5		
6	Au	6			h Schedule F				6		_
	Cle	7	Unemploym	ent compensati	on				7		_
	Ins	8	Other incom	e:							
	Leg Ma	а	Net operatin	gloss			8a ()			
	Ma	b	Gambling in	come			8b				
	Ot	С	Cancellation	of debt			8c				
	Re Su	d	Foreign earn	ed income excl	usion from Form 25	555	8d ()			
	Ta	е	Taxable Hea	Ith Savings Acc	ount distribution .		8e				
	Uti De	f	Alaska Perm	anent Fund divi	dends		8f				
19	Ot	g	Jury duty pa	у			8g				
	To Su	h	Prizes and a	wards			8h				
21	res	i	Activity not e	engaged in for p	rofit income		8i		1		
22	file De	i	Stock option	s			8j		1		
22	on	k	Income from	the rental of	personal property i	if you engaged in			1		
23a	To To				e not in the busines	ss of renting such					
c	To						8k				
	To			· · · · · · · ·	edals and USOC	prize money (see	81				
	To: Inc	m			e instructions)		8m		1		
25	Lo						8n		1		
26	To her				ess loss adjustment		80				
	Sc	-		-	n ABLE account (se		8p		1		
For Pap	en					ee instructions) .			1		
		z	other incom	e. List type and			8z				
		9	Total other in	come. Add line	s 8a through 8z .				9		
		10	Combine lin		and 9. Enter her			SR, or			_
			1040-NR, lin						10		
		For Pa	perwork Reducti	on Act Notice, see y	our tax return instruction	18. Cat. No	o. 71479F		Schedu	ile 1 (Form 1040) 20	321

Rental Income Tax Forms

- Rental income is filed on Schedule E and reported on line 5 of Schedule 1.
- Royalty income from property royalties are similarly reported using the same forms.



Farming

Description	Description Income received from farming activities.								
Business requ	ired to file taxes?	No							
IRS Tax Form & Location	Schedule F and Schedule 1, line	6							
Common Examples	Income received from dairy, poultry, fish farming or operating a plantation, ranch, range, orchard or grove.								



	EDULE F 1040)				ofit or Loss		-	F 400			3 No. 1545-1 20 2 •	-	-
Departm Internal F	ent of the Treas Revenue Service	ury a (99)					-NR, Form 1041, or s and the latest info		5.	Atta	chment uence No.	14	
Name o	f proprietor								Social sec				-
A Drie	cipal crop o	r ootivitu			inter code from F	Port IV	C Accounting me	thod	D Employ	or ID num	ber (EIN) (s	oo inetri	
A Phr	icipai crop o	ractivity			▶		C Accounting me				Der (EIN) (S	ee instr.	1
	you "materia	ally partic	cinate" in the one	ration of this	e hueinose durino	20212 If "N	" coo instructions f	or limit on	passivo l	00000	Voc	No	-
	you make ar /es," did you		EDULE 1 1040)	4	Additional	Income	and Adjust	ments	s to In	come	Ð	_	MB No. 1545-0074
Part			ent of the Treasury		•	Attach to Fo	orm 1040, 1040-SR,	or 1040-N	IR.				2021
1a	Sales of pu	Internal	Revenue Service		Go to www.irs	.gov/Form1	040 for instructions			mation.		A S	ttachment equence No. 01
b	Cost or oth Subtract lin	Name	(s) shown on Fo	orm 1040, 1	1040-SR, or 104	0-NR				_	Your so	cial s	ecurity number
2		Par	t Additio	onal Inc	ome								
	Cooperativ					to of shell	and lead in a						
	Agricultural Commodity	1			dits, or onse	ts of state	e and local inco	ome tax	es	• • •		1	
	CCC loans	2 a	Alimony rece	eived .	• • • • •			•••	• • •	• • •		2a	
6	Crop insura		Date of origi	inal divor	ce or separat	ion agree	ment (see instru	uctions)	▶				
a	Amount rec If election t	3	Business inc	come or	(loss). Attach	Schedul	еС					3	
7	Custom hin	4	Other gains	or (losse	es). Attach Fo	rm 4797						4	
8	Other incor	5			royalties, p	artnership	ps, S corpora	tions, t	trusts,	etc. /	Attach		
9	Gross inco accrua me		Schedule E									5	
Part		6			,					• • •		6	
10	Car and instructions	7	Unemploym	nent com	pensation .				515	• • •		7	
11	Chemicals	8	Other incom	ne:									
12 13	Conservatio Custom him	а	Net operatin	ng loss					8a ()		
14	Depreciatio	b	Gambling in	ncome .					8b				
	(see instruc	c	Cancellation	n of debt					8c				
15	Employee to on line 23	d	Foreign earr	ned incor	me exclusion	from For	m 2555		8d ()		
16	Feed .	е	Taxable Hea	alth Savir	ngs Account	distributio	on		8e				
17 18	Fertilizers a Freight and	f	Alaska Perm	nanent Fi	und dividend	s			8f				
19	Gasoline, fu	g	Jury duty pa	ay					8g				
20	Insurance (h	Prizes and a	awards					8h			1	
21 a	Interest (se Mortgage (i	Activity not	engaged	l in for profit i				8 i			1	
b	Other .	i	Stock option						8j			1	
22 33	Labor hired				ntal of perso	nal prope	erty if you eng	aged in				1	
34	Net farm p		the rental fo	or profit b	out were not	in the bu	siness of rentir	ng such					
	If a profit, s								8k				
35 36	Reserved for Check the l					and US	OC prize mon	ey (see					
	All inves		instructions)	·				•••	81				
For Pa	perwork Re		Section 951					•••	8m				
			Section 951				-		8n				
		0			s business lo			• • •	80				
		р	Taxable dist	tributions	s from an AB	LE accou	nt (see instruct	ions) .	8 p				
		z	Other incom	ne. List ty	/pe and amo	unt 🕨			8z				
		9	Total other i	income.	Add lines 8a	through 8	Bz					9	
		10	Combine lin 1040-NR, lin				r here and on		1040,	1040-5	SR, or	10	
		For Pa	perwork Reducti	tion Act Not	ice, see your tax	return instr	uctions.	Cat. N	No. 71479F		:	Schedu	le 1 (Form 1040) 2021

Farming Tax Forms

- Farming income is filed on Schedule F and reported on line 6 of Schedule 1.
- Does not include income received from tribal activities since that is not taxable.



Unearned Income

What is Unearned Income?

- Unearned income is received from a source other than employment.
- Common examples of unearned income include:
 - Title II Social Security benefits;
 - Unemployment compensation;
 - Interest income;
 - Pensions, annuities, and IRAs;
 - Dividends;
 - Military retirements;
 - Alimony; and
 - Rental income.

See WAC 182-509-0325



Title II Social Security Benefits

- Social Security benefits are payments administered by the Social Security Administration (SSA) based on age, survivor status, or having a disability.
 - Although Title II Social Security benefits are typically exempt from a person's adjusted gross income for tax purposes, this income is counted for MAGI-based Apple Health.
- Countable Title II Social Security benefits include:
 - Retirement benefits;
 - Disability benefits (SSDI);
 - Dependent benefits; and
 - Survivor benefits.



SSDI vs. SSI

- Sometimes, there is confusion between Title II Social Security Disability Insurance Benefits (SSDI), and Supplemental Security Income (SSI). Both are disability payments received from the Social Security Administration, but only SSDI payments are countable income for MAGI-based Apple Health.
 - SSI recipients automatically receive Apple Health Classic Medicaid and are not eligible for MAGI-based Apple Health coverage.

SSDI (Countable)	SSI (Non-countable)
 This benefit is paid based on age or disability, and the amount received is based on the insured person's lifetime earnings and contributions to Social Security taxes (FICA). Recipients become Medicare eligible after receiving SSDI for two years. 	 This benefit is paid to disabled adults or children with limited income and resources. Benefit amounts are standardized Eligible for Classic Medicaid (S01).


1040		rtment of the Treasury—Internal Revenue Serv 5. Individual Income Ta		(99)	2	0 2 .	1	OMB No. 1545	.007	4 IDS Line Only	Do pot v	rito or stanlo	in this space	
Filing Status Check only one box.	Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying													
Your first name a	and mi	ddle initial	Last	name							Your so	cial securit	ty number	
If joint return, sp	ouse's	first name and middle initial	Last	name							Spouse	's social sec	curity number	┝
Home address (r	numbe	r and street). If you have a P.O. box, see	instru	ctions.						Apt. no.		ntial Election	on Campaign	
City, town, or po	ist offic	e. If you have a foreign address, also co	omplet	e spaces be	elow.		State		ZIP	code	spouse to go to	if filing join	tly, want \$3 Checking a	
Foreign country	name			Foreign p	provinc	e/state/c	ounty		For	eign postal code	your ta	k or refund.	Spouse	
At any time duri	ing 20	21, did you receive, sell, exchange	, or ot	∔ herwise d	ispose	e of any	finan	cial interest i	n an	y virtual curren	icy?	Yes	No	
Standard Deduction	_	eone can claim: 🔲 You as a de pouse itemizes on a separate retu						dependent						
Age/Blindness	You:	Were born before January 2, 1	957	Are b	lind	Spor	use:	Was bor	n be	efore January 2	, 1957	Is bl	ind	
Dependents				(2)	Social num	security		(3) Relationsh	ip			r (see instru	· · · · · · · · · · · · · · · · · · ·	
If more than four	(1) Fi	rst name Last name		_	num	ber		to you		Child tax cre	credit Credit for other dependent			
dependents,							_					ا ۱		
see instructions and check				_					_			<u>ا</u>		
here				_			-					[
	1	Wages, salaries, tips, etc. Attach	Form(s) W-2 .							1			
Attach	2a	Tax-exempt interest	2a				o Tax	able interest	t		2b	•		
Sch. B if required.	3a	Qualified dividends	3a			E E	o Oro	dinary divider	nds		3b)		
	4a	IRA distributions	4a			1	o Tax	kable amount	t.		4b	•		
	5a	Pensions and annuities	5a			1	o Tax	kable amount	t.		5b			
Standard Deduction for -	6a	Social security benefits	6a				o Tax	kable amount	t.	<u>.</u>	6b)		
Single or	(Capital gain or (loss). Attach Sche		D if require	ed. If n	iot requi	red, d	check here		· · · ► L	1 1 1	_		T
Married filing separately,	8	Other income from Schedule 1, lir			•	• • •	-				8			
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,			our to	tal inco	me		•	🕨	► <u>9</u>			
jointly or	10	Adjustments to income from Sche		· · · · · · · · · · · · · · · · · · ·	•				•		10			
	11	Subtract line 10 from line 9. This i	-	-	-				i.		 11 			
\$25,100	12a	Standard deduction or itemized					·	12:			_			
 Head of household, 	b	Charitable contributions if you take	the st	tandard de	eductio	on (see ii	nstruc	ctions) 12	0		40			
\$18,800	с 13	Add lines 12a and 12b Qualified business income deduct				 . Галас			1		12	-		
any box under	13 14	Add lines 12c and 13	uon fro	om Form 8	9992.0	or Form	5995-	А	1		13			
Stanuaru	14 15	Taxable income. Subtract line 14	from	 line 11 H		 vr.lecc.c	Inter		1		14			
see instructions.	10	raxable moorne. Subtract line 14	nom	.	28101	/ icss, e	anter -	• • • •			15	-		
For Disclosure, F	Privacy	Act, and Paperwork Reduction Act N	lotice,	see separa	ate ins	tructions	3.		Ca	t. No. 11320B		Form	1040 (2021)	

Title II SSDI Benefits

- Social Security benefits are reported on line 6a of Form 1040.
 - Only the taxable amount is listed on line 6b, but all benefits are countable.
- SSDI recipients receive an annual benefits letter that can also be used to verify income.



Dividend Income

- Dividends are the distribution of property paid out to shareholders of a corporation, or to individuals with an interest in an estate, trust, S corporation, or other associations that are taxable as a corporation.
- Though most dividends are paid in cash, shareholders could receive other property, services, stocks, etc., in lieu of cash.
- Dividends are taxable income and countable for MAGI eligibility.



Dividends

Qualified and ordinary dividends are listed separately on the 1040 tax form, but the total dividend amount is included on line 3b.

	1	Wages, salaries, tips, etc. Attach	1 Form(s) W-2		1			
Attach	2a	Tax-exempt interest	2a	b Taxable interest	2b			
Sch. B if required.	3a	Qualified dividends	3a	b Ordinary dividends	3b			
	4a	IRA distributions	4a	b Taxable amount	4b			
	5a	Pensions and annuities	5a	b Taxable amount	5b			
Standard	6a	Social security benefits	6a	b Taxable amount	6b			
Deduction for-	7	Capital gain or (loss). Attach Sch	edule D if required. If not r	equired, check here 🛛 . 🔹 🕨 🗌	7			
 Single or Married filing 	8	Other income from Schedule 1, I	line 10		8			
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	7, and 8. This is your total i	ncome	9			
Married filing	10	Adjustments to income from Sch	nedule 1, line 26		10			
Jointly or Qualifying	11	Subtract line 10 from line 9. This	is your adjusted gross inc	come	11			
widow(er), \$25,100	12a	Standard deduction or itemize	d deductions (from Sched	ule A) 12a				
Head of	b	Charitable contributions if you tak	ke the standard deduction (s	ee instructions) 12b				
household, \$18,800	С	Add lines 12a and 12b			12c			
 If you checked 	13	Qualified business income deduc	ction from Form 8995 or Fo	orm 8995-A	13			
any box under Standard	14	Add lines 12c and 13			14			
Deduction, see Instructions.	15	Taxable income. Subtract line 1	4 from line 11. If zero or lea	ss, enter -0	15			
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2021)								



Pensions, Annuities, and IRAs

- Pensions, annuities, and individual retirement accounts (IRAs) are fixed sums of money paid out to an individual for the rest of their life.
 - Examples of this type of income include 401K distributions, pensions, annual lottery payouts, etc.
- Generally, these income types are taxable and countable for MAGI eligibility
 - Though there are exceptions, the rules are complicated and depend on the individual's circumstances.



Pensions, Annuities, and IRAs

- IRA distributions are listed on line 4a and 4b of Form 1040. Use the taxable amount on line 4b.
- Pensions and annuities are listed on line 5a and 5b of Form 1040. Use the taxable amount on line 5b.

	1	Wages, salaries, tips, etc. Attach Form	n(s) W-2		1				
Attach	2a	Tax-exempt interest 2a	b Taxa	ble interest	2b				
Sch. B if required.	3a	Qualified dividends 3a	b Ordir	ary dividends	3b				
required.	4a	IRA distributions 4a	b Taxa	ble amount	4b				
	5a	Pensions and annuities 5a	b Taxa	ble amount	5b				
Standard	6a	Social security benefits 6a	b Taxa	ble amount	6b				
Deduction for-	7	Capital gain or (loss). Attach Schedule	D if required. If not required, ch	eck here 🛛 🕨 🗌	7				
 Single or Married filing 	8	Other income from Schedule 1, line 10)		8				
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						
Married filing	10	Adjustments to income from Schedule	1, line 26		10				
Jointly or Qualifying	11	Subtract line 10 from line 9. This is you	ur adjusted gross income		11				
widow(er), \$25,100	12a	Standard deduction or itemized ded	luctions (from Schedule A)	. 12a					
Head of	b	Charitable contributions if you take the	standard deduction (see instructi	ons) 12b					
household, \$18,800	с	Add lines 12a and 12b			12c				
 If you checked 	13	Qualified business income deduction t	from Form 8995 or Form 8995-A		13				
ariy box under Standard	14	Add lines 12c and 13			14				
Deduction, see Instructions.	15	Taxable income. Subtract line 14 from	n line 11. If zero or less, enter -0	•••••••	15				
For Disclosure.	Privac	Act, and Paperwork Reduction Act Notic	e, see separate instructions.	Cat. No. 11320B		Form 1040 (2021)			



Capital Gain or Loss

- The financial gain or loss from the sale or exchange of a capital asset.
 - A capital asset includes physical property, such as your home or car, as well as investment property such as stocks and bonds.
- The frequency of this income type depends on the individual's circumstances. The income can be received at one time or expected to be ongoing and continue over a length of time.



Capital Gain or Loss

Countable capital gains and losses:

- Sale of assets for a business that is still operating.
- Sale of a house by an individual who owns numerous homes.
- Sale of stocks, shares, or other investment property.
- The capital gain or loss is ongoing.
- Non-countable capital gains and losses:
 - Sale of assets for a business that is no longer operating.
 - One-time sale of home or property.
 - The capital gain or loss is a one-time occurrence.



Capital Gains and Losses

Capital gain or loss are listed on line 7 of Form 1040.

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1		
Attach	2a	Tax-exempt interest 2a b Taxable interest	. 2	b		
Sch. B if required.	3a	Qualified dividends 3a b Ordinary dividends	. 3	b		
required.	4a	IRA distributions 4a b Taxable amount	. 4	b		
	5a	Pensions and annuities 5a b Taxable amount	. 5	b		
Standard	6a	Social security benefits 6a b Taxable amount	. 6	b		
Deduction for-	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here		7		
 Single or Married filing 	в					
separately,	-	Other Income from Schedule 1, line 10	· –	<u> </u>		
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9		
Married filing	10	Adjustments to income from Schedule 1, line 26	. 1	0		
jointly or Qualifying	11	Subtract line 10 from line 9. This is your adjusted gross income	▶ 1	1		
widow(er), \$25,100	12a	Standard deduction or itemized deductions (from Schedule A) 12a				
Head of	b	Charitable contributions if you take the standard deduction (see instructions) 12b				
household, \$18,800	с	Add lines 12a and 12b	. 12	20		
 If you checked 	13	Qualified business income deduction from Form 8995 or Form 8995-A	. 1	3		
ariy box under Standard	14	Add lines 12c and 13	. 1	4		
Deduction,	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	. 1	5		
see Instructions.						
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 113208 Form 1040 (2021)						



Interest Income

- This income is earned from investments that pay interest, such as savings accounts, money market accounts, or certificates of deposit.
- For the purposes of MAGI eligibility, all interest income received or accrued is countable, regardless of whether it is taxable or not.



Interest Income

Tax-exempt interest is listed on line 2a of Form 1040, but for MAGI-based Apple Health programs all interest income is countable. Use the amounts listed in boxes 2a and 2b.

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1				
Attach Sch. B if	2a	Tax-exempt interest 2a b Taxable interest .		2b				
required.	3a	Qualified dividends 3a b Ordinary dividends .		3b				
Lodanoa.	/ 4a	IRA distributions 4a b Taxable amount		4b				
	5a	Pensions and annuities 5a b Taxable amount		5b				
Standard	6a	Social security benefits 6a b Taxable amount		6b				
Deduction for-	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	🕨 🗖	7				
 Single or Married filing 	8	Other income from Schedule 1, line 10		8				
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9				
Married filing	10	Adjustments to income from Schedule 1, line 26	Adjustments to income from Schedule 1, line 26					
Jointly or Qualifying	11	Subtract line 10 from line 9. This is your adjusted gross income	>	11				
widow(er), \$25,100	12a	Standard deduction or itemized deductions (from Schedule A) 12a						
Head of	b	Charitable contributions if you take the standard deduction (see instructions) 12b						
household, \$18,800	С	Add lines 12a and 12b		12c				
 If you checked 	13	Qualified business income deduction from Form 8995 or Form 8995-A		13				
ariy box under Standard	14	Add lines 12c and 13		14				
Deduction, see Instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		15				
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2021)								



Alimony Income

- This income is received from a current or former spouse, as a result of a divorce decree or separation agreement.
 - Does not include voluntary payments or child support payments.
- Alimony income is taxable and countable for purposes of determining MAGI eligibility.
 - Alimony agreement must be unmodified and established by December 31, 2018.



(Form Departr Internal	EDULE 1 n 1040) ment of the Treasury Revenue Service	•	dditional Income and Adjustme > Attach to Form 1040, 1040-SR, or 1 Go to www.irs.gov/Form1040 for instructions and	040-NR. I the latest information.		0MB No. 1545-0074 2021 Attachment Sequence No. 01		
Name	e(s) shown on Form	1040, 10	40-SR, or 1040-NR		Your social	security number		
Pa	rt Additiona	al Inco	me					
1	Taxable refund	ls, cred	its, or offsets of state and local income	taxes	1		_ <u> </u>	mon
					2a			
	•		e or separation agreement (see instruction					
3			oss). Attach Schedule C					
4). Attach Form 4797					
5			oyalties, partnerships, S corporation		ttach 5			
6	Farm income o	or (loss)	Attach Schedule F		6			٠
7	Unemploymen	t comp	ensation		7		🕒 🗅 Alım	nony incor
8	Other income:							
a	Net operating I	oss .		8a ()		ont	he Schedi
b	Gambling inco	me					Ont	
c	Cancellation of	f debt .		8c	_			
d			e exclusion from Form 2555)		🔼 Thic	income is
е			gs Account distribution		_			
f			nd dividends		_		adiu	iction a late in
g					_		adju	ıstments ir
			· · · · · · · · · · · · · · · · · · ·		_			
i			n for profit income		_		Forr	n 1040.
l J k			al of personal property if you engage		_			
_			it were not in the business of renting s	such	_			
		1	Wages, salaries, tips, etc. Attach	i Form(s) W-2				1
	Attach Sch. B if	2a	Tax-exempt interest	2a		b Taxabl	le interest	2b
	required.	3a	Qualified dividends	3a		b Ordina	ry dividends	3b
	required.	4a	IRA distributions	4a		b Taxabl	e amount	4b
		5a	Pensions and annuities	5a		b Taxab	leamount	5b
s	tandard	6a	Social security benefits	6a		b Taxabl	leamount	6b
	eduction for-	7	Capital gain or (loss). Attach Sch	edule D if requir	red. If no	t required, che	ck here 🕨 🗌	7
	Single or Married filing	8	Other income from Schedule 1.					8
	separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7		your tota	lincome	• • • • • •	9
	\$12,550 Married filing	10	Adjustments to income from Scl					10
-	jointly or	11	Subtract line 10 from line 9. This	· · · · · · · · · · · · · · · · · · ·		incomo		11
	Qualifying widow(er),	12a			-		. 12a	
	\$25,100	b						4
	Head of household,	-	Charitable contributions if you tal	te trie standard o	Deduction	(see instructio	ns) 12b	40-
	\$18,800	c	Add lines 12a and 12b					12c
	If you checked any box under	13	Qualified business income dedu	ction from Form	8995 or	Form 8995-A		13
	Standard	14	Add lines 12c and 13					14
	Deduction, see Instructions.	15	Taxable income. Subtract line 1	4 from line 11. I	lf zero or	less, enter -0-		15
	For Disclosure,	Privac	y Act, and Paperwork Reduction Act	Notice, see sepa	arate instr	uctions.	Cat. No. 11320B	Form 1040 (2021)

Alimony Income

- Alimony income is listed on line 2a on the Schedule 1.
- This income is included in the total adjustments included on line 8 of Form 1040.



Unemployment Compensation

- Unemployment compensation is temporary income received, under the compensation laws, to replace lost wages for workers who have become involuntarily unemployed.
- Benefits are paid to the individual by the state or by the District of Columbia (for DC residents).
- All unemployment compensation benefits received are countable for MAGI-based Apple Health.



SCHEDULE 1 (Form 1040)	Additional Income and Adjustments to Income	
Department of the Treasury Internal Revenue Service	Attach to Form 1040, 1040-SR, or 1040-NR. Attachment Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. 01	
Name(s) shown on Fo	m 1040, 1040-SR, or 1040-NR Your social security number	
Part I Additio	nal Income	Unem
1 Taxable refu	nds, credits, or offsets of state and local income taxes	
2a Alimony rec	eived	
b Date of origi	nal divorce or separation agreement (see instructions)	Compo
3 Business in	come or (loss). Attach Schedule C	
4 Other gains	or (losses). Attach Form 4797	
	estate, royalties, partnerships, S corporations, trusts, etc. Attach	
	5	
	e or (loss). Attach Schedule F	🖕 오 Unemploy
	ent compensation	of the Sch
8 Other incom		Of the Sch
a Net operatir		
	come	This incor
	of debt	
	ed income exclusion from Form 2555 8d ()	adjustme
	Ith Savings Account distribution	
	anent Fund dividends	Form 104
• , , , ,	y	
T Activity not	Bi Bi 1 Wages, salaries, tips, etc. Attach Form(s) W-2	
Attach	2a Tax-exempt interest 2a b Taxable interest .	2b
Sch. B if	3a Qualified dividends 3a b Ordinary dividends .	
required.	4a IRA distributions 4a b Taxable amount	
	5a Pensions and annuities 5a b Taxable amount	5b
Standard	6a Social security benefits 6a b Taxable amount	6b
Deduction for-	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	▶ 🗆 🛛 7
Single or Married filing	8 Other income from Schedule 1, line 10	8
separately, \$12,550	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	🕨 🧕
Married filing	10 Adjustments to income from Schedule 1, line 26	10
Jointly or Qualifying	11 Subtract line 10 from line 9. This is your adjusted gross income	🕨 11
widow(er), \$25,100	12a Standard deduction or itemized deductions (from Schedule A) 12a	
 Head of household. 	b Charitable contributions if you take the standard deduction (see instructions) 12b	
\$18,800	c Add lines 12a and 12b	12c
 If you checked any box under 	13 Qualified business income deduction from Form 8995 or Form 8995-A	
Standard Deduction,	14 Add lines 12c and 13 .	14
see Instructions.	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	15
	Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. N	lo. 11320B Form 1040 (202

nployment pensation

- ployment is listed on line 7 Schedule 1.
- come is included in the total ments included on line 8 of 040.



Other Countable Income or Loss

Other sources of less-common countable income may include:

- Per capita income;
- Net-operating loss;
- Gambling, lottery, or raffle winnings;
- Jury duty pay;
- Rewards including Nobel, Pulitzer, or other prizes;
- Strike or lockout benefits;
- Whistleblower's award;
- Compensation for donations such as blood, plasma, egg, embryo, or sperm; and
- Unearned income-in-kind.



SCHE (Form Departm Internal		2021 Attachment Sequence No. 01			
Name	s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	ocial :	security number
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxe	s		1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions)	•			
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E	usts, et	c. Attach	5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling income	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Taxable Health Savings Account distribution	8e			
f	Alaska Permanent Fund dividends	8f			
g	Jury duty pay	8g			
h	Prizes and awards	8h			
i	Activity not engaged in for profit income	8i			
j	Stock options	8j			
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k			
I		81			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
0	Section 461(I) excess business loss adjustment	80			
р	Taxable distributions from an ABLE account (see instructions) .	8p			
z	Other income. List type and amount	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1 1040-NR, line 8			10	

Other Income

- The total other income is listed on line 9 of the Schedule 1 Form.
 - Line 9 is the total of lines 8a-8z, which lists the common types of 'Other Income.'
- This income is included in the total adjustments included on line 8 of 1040 Form.



Foreign Income

Foreign Income

- Foreign income that is typically excluded from a person's AGI under Section 911 of the IRC is countable income for MAGI-based Apple Health.
- This can include any earned or unearned income from a foreign source, including:
 - Wages;
 - Salaries;
 - Pensions;
 - Annuities; and
 - Housing.

See WAC 182-509-0300



Non-Countable Income

Non-countable Income

- For the purposes of MAGI eligibility for Apple Health, some types of income are not counted.
- Income that is not countable may include:
 - Bona fide loans;
 - Federal income tax returns;
 - Child support payments;
 - Title IV-E and state foster care maintenance payments;
 - Needs-based assistance from other agencies;
 - Veteran's disability and educational benefits;
 - Non-taxable time loss benefits / L&I benefits; and
 - Death benefits from life insurance.

See WAC 182-509-0320



Educational Income

Educational Benefits

- Income from educational assistance programs that is used for educational purposes, and not living expenses, is not countable.
- These can include programs administered by:
 - Title IV of the Higher Education Amendments;
 - Department of Education;
 - Department of Veteran's Affairs;
 - Bureau of Indian Affairs; and
 - Carl D. Perkins Vocational and Technology Education Act.

See WAC 182-509-0335



Educational Benefits

In addition, scholarships, awards, or fellowship grants used for educational purposes, and not living expenses, are not countable income for MAGI-based Apple Health programs.

Common examples include:

- Pell grants;
- State need grant;
- GI bill payments; or
- State and Federal work study.



American Indian/ Alaska Native Income

American Indian/Alaska Native Income

- For MAGI-based Apple Health, the following American Indian/ Alaska Native income is excluded.
 - Distributions from Alaska Native corporations or settlement trusts;
 - Distributions from property held in trust or within current or prior boundaries of reservation;
 - Rents, leases, royalties, or natural resource extraction/harvest from reservation or trust land, or from federally protected rights regarding off-reservation hunting, fishing, gathering, or usage of natural resources.
 - Payments related to culturally significant items, practices, or rights that support traditional lifestyles;
 - Educational assistance from Bureau of Indian Affairs; and
 - Other exclusions as provided by federal law, regulation, or rule.



Income Types	Description	Counted
Per capita - tribal gaming	Payments made to tribal members from proceeds of tribal gaming.	Yes
Per capita - natural resources	Payments made to tribal members from proceeds of the harvest or sale of natural resources.	No
Needs based payments	Payments paid to tribal members based on financial need. These can include elder payments, child assistance payments, etc. Eligibility requirements apply.	No
General welfare payments	Payments paid to tribal members for the general welfare. These payments can include elder payments, scholarships, etc.	No
Bureau of Indian Affairs	Payments made for educational assistance.	No
Earned Income	Earned income that is related to the exercise of treaty rights, extraction of natural resources on trust/reservation land, and sales of culturally significant items. This income can include working for a tribal corporation as a fisherman, fish processor, accountant, and even security guard.	No
Self-employment Income	Self-employment income that is related to the exercise of treaty rights, extraction of natural resources on trust/reservation land, and sales of culturally significant items. This can include selling tribal artwork. pottery, and, baskets.	No

Lump Sums

What is a Lump Sum?

- A lump sum is a one-time payment received that is not expected to continue or anticipated to be received again.
- A lump sum is only countable if:
 - It is a countable source of income, and
 - It is received in the month of application

See WAC 182-509-0375



Lump Sum Scenario 1

Josephine applies for coverage in February. In March, Josephine receives \$12,000 from a fishing job in Alaska, where she fishes twice a year. Is this income countable and a lump sum?

Scenario 1 Answer

Yes, this is countable earned income. This is not a lump sum since it is not received just one time but is ongoing or anticipated to be received again. Additionally, since Josephine is paid less than once per month, an average would be used to calculate her monthly income at \$1,000/mo.



Lump Sum Scenario 2

Maria applies for coverage in July. Maria sells her home in that same month and receives a capital gain of \$10,000. This is Maria's only home and she does not anticipate any more home sales in the near future. Is this income countable and a lump sum?

Scenario 2 Answer

Yes, since the capital gain is a lump sum payment this income is countable in the month of application only. This income is not countable in the ongoing months.



Income of Tax Dependents or Children Age 18 or Younger

Income of Tax Dependents or Children Age 18 or Younger

- Income of tax dependents or children age 18 or younger is only countable when it meets the tax filing threshold for a tax filer (under 26 U.S.C. Sec 6012(a)(1)).
 - This rule applies regardless if the individual expects to file a federal tax return or not.
- Exception: Social Security income of tax dependents or children age 18 or younger is not counted.



Income Threshold for Tax Dependents or Children Age 18 or Younger

• The 2021 tax filing threshold requirements:

Income Type	Tax Filing Threshold Limit
Unearned Income	\$1,100
Earned Income	\$12,550
Both Earned/ Unearned	The larger of \$1,100 or earned (up to \$12,200) plus \$350.



Deductions

Deductions

- Deductions are IRS allowable adjustments to income that that reduce an individual's taxable income.
- For MAGI-based Apple Health programs these deductions are allowable and follow the same IRS rules and limits.
 - Some deductions have yearly limits and others may vary. Deductions are annualized through an individual's certification period.

See WAC 182-509-0300



SCHE (Form	DULE 1 1040)	A	dditional Income and Adjustments to Income		0. 1545-0074		
Departm Internal F	ent of the Treasury Revenue Service		Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.	Attach	ment tice No. 01		
Name(s) shown on For	m 1040, 1	040-SR, or 1040-NR Your social		ity number		
Par	t Additio	nal Inco	ome				
1				1			
2a	Alimony rece	ived .		a			
b	Date of origin	al divord	e or separation agreement (see instructions)				
3	Business inc	om <u>e or (</u>	loss) Attach Schedule C	3			
4	Other gains		ule 1 (Form 1040) 2021				Page 2
5	Rental real	Da	rt II Adjustments to Income				
	Schedule E	. 11	Educator expenses			11	
6	Farm income	0 12	Certain business expenses of reservists, performing artists, and fer officials. Attach Form 2106	e-basis	s government	12	
7	Unemployme					13	
8	Other income						
а	Net operating		Moving expenses for members of the Armed Forces. Attach Forr			14	
b	Gambling inc		Deductible part of self-employment tax. Attach Schedule SE .		• • • • •	15	
с	Cancellation		Self-employed SEP, SIMPLE, and qualified plans			16	
d	Foreign earn		Self-employed health insurance deduction			17	
е	Taxable Hea		Penalty on early withdrawal of savings		• • • • •	18	
f	Alaska Perm					19a	
g	Jury duty pa	y I	Recipient's SSN	· ►_			
h	Prizes and a		, , , , , , , , , , , , , , , , , , ,	▶			
i.	Activity not e		IRA deduction		• • • • •	20	
j	Stock option		Student loan interest deduction	• • •	• • • • •	21	
k	Income from		Reserved for future use	• • •		22	
	the rental for		Archer MSA deduction	111		23	
	property . Olympic and	24	Other adjustments:				
	instructions)	. a	Jury duty pay (see instructions)	24a			
m	Section 951(a)i b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b			
n	Section 951/	(a c	Nontaxable amount of the value of Olympic and Paralympic				
0	Section 461(medals and USOC prize money reported on line 81	24c			
р	Taxable distr	ibu d	Reforestation amortization and expenses	24d			
z	Other incom	e. i e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
9	Total other in	f	Contributions to section 501(c)(18)(D) pension plans	24f			
10	Combine lin		Contributions by certain chaplains to section 403(b) plans	24g			
	1040-NR, lin	e8 h					
For Pap	perwork Reduction	on A	unlawful discrimination claims (see instructions)	24h			
		'	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations				
		1 a	Housing deduction from Form 2555	24j			
			Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	-			
		z	Other adjustments. List type and amount ►	24z			
		25	Total other adjustments. Add lines 24a through 24z	-72		25	
		26	Add lines 11 through 23 and 25. These are your adjustments	s to in	come. Enter	—	
			here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			26	
						Schedu	ile 1 (Form 1040) 2021

Deductions Tax Form

- Deductions are listed on Part II (page 2) of IRS Form Schedule 1.
- These deductions are listed out on lines 11-25.


Educator Expenses

Definition	Deduction for unreimbursed educator expenses (e.g., books, supplies, and other equipment). The individual must be a licensed educator (teaching K-12 and works 900+ hours per school year).		
Deduction Limit	\$300/year or \$25/month for each educator	IRS Tax Form(s) & Location:	Schedule 1, line 11
Other Document Types	Receipts showing amounts paid out of pocket for qualifying supplies.		



Certain Business Expenses of U.S. Reservists, Performing Artists, and Fee-Based Government Officials

Definition	Deduction for U.S. reservists, performing artists, or fee- based government employees who have expenses necessary for their job, including travel of more than 100 miles.			
Max Amount	Variable IRS Tax Form(s) & Schedule 1, line 12 Location			
Other Document Types	IRS Form 2106 or 2106-EZ; or Receipts showing allowable expenses.			



Health Savings Account

Definition	Deductions for pre-tax or tax deductible contributions made to a health savings account while enrolled in a high-deductible health plan.		
Max Amount	Individual \$3650/year or \$304.17/month Family \$7300/year or \$608.33/month Additional \$1,000/year contribution is allowed if the individual is age 55 or older	IRS Tax Form(s) & Location	Schedule 1, line 13
Other Document Types	Pre-tax contributions show as monthly amounts listed on wage stubs. Tax deductible contributions show on IRS Tax Form 8889.		



Moving Expenses for Armed Forces

Definition	Deduction for moving expenses only for active-duty members of the Armed Forces that are ordered to move because of a permanent change of station.			
Max Amount	Variable IRS Tax Form(s) Schedule 1, line 14 & Location			
Other Document Types	IRS tax form 3903.			



Self-Employment Tax

Definition	Deduction for tax paid to the federal government to fund Medicare and Social Security for self-employed individuals who net more than \$400 per year, or employees of churches or church organizations with income of more than \$108.28 per year.			
Max Amount	Variable IRS Tax Form(s) Schedule 1, line 15 & Location			
Other Document Types	Monthly or quarterly statement or receipt; or IRS tax form Schedule SE.			



Self-Employment Retirement Plan

Definition	Deduction for contributions made to a self-employment retirement plan including SEP, Simple, or Qualified Plan			
Max Amount	Variable IRS Tax Form(s) Schedule 1, & Location line 16			
Other Document Types	Statement or receipts self-employed retiren		ons made to a	



Self-Employment Health Insurance

Definition	Deduction for contributions made to self-employment health insurance plans.		
Max Amount	Variable; limited to net profit of self-employment business	IRS Tax Form(s) & Location	Schedule 1, line 17
Other Document Types	Statement or receipts showing premium payments made for medical, dental, or qualifying long-term care insurance coverage.		



Penalty on Early Withdrawal of Savings

Definition	Deduction for penalty on withdrawal of funds from a certificate of deposit or other deferred interest account before maturity.			
Max Amount	Variable IRS Tax Form(s) Schedule 1, line 18 & Location			
Other Document Types	IRS Form 1099-INT box 2; or Statement from financial institution.			



Spousal Support / Alimony

Definition	Deduction for court ordered spousal support/alimony. Does not include voluntary alimony payments or child support payments. This deduction is only allowable if the divorce decree was established prior to January 1, 2019.			
Max Amount	Variable IRS Tax Form(s) Schedule 1, line 19a & Location			
Other Document Types	Court order with obligation amount.			



Pre-Tax Retirement Account

Definition	Deduction for contributions made to a pre-tax retirement account. Excludes Roth IRA or SIMPLE IRA contributions.		
Max Amount	Age 49 and below \$6,000/year or \$500/month. Age 50 or older \$7,000/year or \$583.33/month.	IRS Tax Form(s) & Location	Schedule 1, line 20
Other Document Types	IRS Form W-2; Wage stubs; or IRS Tax Form 5498.		



Student Loan Interest

Definition	Deduction for interest paid on student loans used for qualifying educational expenses while attending an educational institution. Principal payments are not deductible. The loan payments must be for the individual, their spouse, or their tax dependents (for tax filers) or their children in the household (for non-filers).			
Max Amount	<pre>\$2500/year or \$208.33/month</pre> IRS Tax Form(s) Schedule 1, line 21 & Location			
Other Document Types	IRS Form 1098-E; or Statement from the lender showing interest amount paid.			



Resources

Resources

MAGI Income Part 1

- <u>http://hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/income-part-1</u>
- MAGI Income Part 2
 - https://www.hca.wa.gov/free-or-low-cost-health-care/i-helpothers-apply-and-access-apple-health/income-part-2
- HCA Training & Education
 - <u>http://hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/stakeholder-training-and-education</u>
- HCA Area Representatives
 - <u>https://www.hca.wa.gov/assets/free-or-low-cost/area_representatives.pdf</u>
- Contact Us
 - hcavolunteerassister@hca.wa.gov





Congratulations!

You've completed MODULE 2 of HCA Community Based Training!

Please continue to MODULE 3 of the 7 module HCA Community Based Training.

