# 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.



| E4040  | Depa  | artment of the Treasury – Internal Revenue Ser | vice (99        | a la         |               | ı               |                      |              |                               |                               |
|--|---|--|-----------------|--------------|---------------|-----------------|----------------------|--------------|-------------------------------|-------------------------------|
| §1040  | U.  | S. Individual Income Ta                        | x Return        | i 2          | 021           | OMB No. 1545    | 5-0074 IRS Use On    | y-Do not     | write or stapl                | e in this space.              |
| Filing Status                                    | s 🗆 :   | Single Married filing jointly                  | Married fi      | iling sen    | arately (MES  | ) Head of       | household (HOH)      | □ Qu         | alifving wi                   | dow(er) (OW)                  |
| Check only                                       | _   | u checked the MFS box, enter the               | _               |              |               | _               |                      | _            |                               |                               |
| one box.   | one box. person is a child but not your dependent ▶ |  |                 |              |               |                 |                      |              |                               |                               |
| Your first name                                  | and m   | iddle initial                                  | Last name       |              |               |                 |                      | Your s       | ocial secu                    | rity number                   |
|  |   |  |                 |              |               |                 |                      |              |                               | _                             |
| If joint return, s                               | pouse's   | s first name and middle initial                | Last name       |              |               |                 |                      | Spouse       | e's social s                  | ecurity number                |
|  |   |  |                 |              |               |                 |                      |              | <u>i i</u>                    |                               |
| Home address                                     | (numbe  | er and street). If you have a P.O. box, se     | e instructions. |              |               |                 | Apt. no.             |              |                               | tion Campaign                 |
| 03. 1  |   |  |                 |              |               |                 | 700                  |              | here if you<br>e if filing io | u, or your<br>intly, want \$3 |
| City, town, or p                                 | ost offi  | ce. If you have a foreign address, also o      | omplete space   | es below.    | St            | ite             | ZIP code             | to go t      | o this fund                   | I. Checking a                 |
| Foreign country                                  | / namo  |  | Fore            | ian provin   | ce/state/cour | the             | Foreign postal code  |              | elow will no<br>ax or refun   |                               |
| roreign country                                  | упапе   |  | rule            | igii proviii | Cerstate/Cour | цу              | Poreign postar code  | yourte       | You                           | Spouse                        |
| At any time de                                   | ring of   | 201 did you roooiyo soll ayabana               | or othorwic     | on dieno     | on of any fo  | ancial interest | in any virtual arm   | nev2         | Yes                           |                               |
| -  |   | 021, did you receive, sell, exchange           |                 |              |               |                 | in any virtual curre | ency?        | T es                          | NO                            |
| Standard   |   | eone can claim: You as a d                     |                 |              |               | a dependent     |                      |              |                               |                               |
| Deduction  |   | Spouse itemizes on a separate retu             | rn or you we    | ere a dua    | l-status alie | n               |                      |              |                               |                               |
| Age/Blindness                                    | You   | : Were born before January 2,                  | 1957 🔲 A        | re blind     | Spouse        | : Was bo        | rn before January    | 2, 1957      | Is i                          | blind                         |
| Dependents                                       | s (see  | instructions):                                 |                 |              | al security   | (3) Relationsh  | hip <b>(4) ✓</b> if  | qualifies fo | or (see inst                  | ructions):                    |
| If more  | (1) F   | irst name Last name                            |                 | nur          | nber          | to you          | Child tax            | credit       | Credit for o                  | other dependents              |
| than four  |   |  |                 |              |               |                 |                      |              |                               |                               |
| dependents,<br>see instruction                   | s   |  |                 |              | <u> </u>      |                 |                      |              |                               |                               |
| and check  |   |  |                 |              |               |                 |                      |              |                               |                               |
| here 🕨 📗   |   |  |                 | i_           | İ             |                 |                      |              | <u> </u>                      |                               |
| Attach   | _1_   | Wages, salaries, tips, etc. Attach             |                 |              |               |                 |                      | . 1          |                               |                               |
| Sch. B if  | 2a  | Tax-exempt interest                            | 2a              |              |               | Taxable interes |                      | . 2          | -                             |                               |
| required.  | 3a  | Qualified dividends                            | 3a              |              |               | Ordinary divide |                      | . 3          | _                             |                               |
| $\overline{}$                                    | 4a  | IRA distributions                              | 4a              |              |               | Taxable amoun   |                      | . 4          | _                             | -                             |
| <u> </u>   | 5a  | Pensions and annuities                         | 5a              |              |               | axable amoun    |                      | . 5          |                               |                               |
| Standard<br>Deduction for—                       | 6a<br>7   | Social security benefits                       | 6a              | unicad If    |               | Taxable amoun   |                      | . 6          |                               | -                             |
| <ul> <li>Single or<br/>Married filing</li> </ul> | 8   | Other income from Schedule 1. li               |                 | quirea. II   | not required  | i, check here   |                      | _ <u> </u>   |                               |                               |
| separately,                                      | a   | Add lines 1 2h 3h 4h 5h 6h 7                   |                 | is vour t    | otal income   |                 |                      | ·   6        |                               | •                             |
| \$12,550<br>• Married filing                     | 10  | Adjustments to income from Sch                 |                 |              |               |                 |                      | . 1          |                               |                               |
| jointly or<br>Qualifying                         | 11  | Subtract line 10 from line 9. This             |                 |              | ss income     |                 |                      | <u>}</u> 1   | _                             |                               |
| widow(er),                                       | 160   | Otaniana agaiotion of itemises                 |                 |              |               |                 |                      | _            |                               |                               |
| \$25,100 "<br>• Head of                          | b   | Charitable contributions if you tak            |                 | •            |               |                 | _                    |              |                               |                               |
| household,<br>\$18.800                           | c   | Add lines 12a and 12b                          |                 |              |               |                 |                      | . 12         | 2c                            |                               |
| If you checked                                   | 13  | Qualified business income deduc                | tion from Fo    | rm 8995      | or Form 896   | 95-A            |                      | . 1          | 3                             |                               |
| any box under<br>Standard                        | 14  | Add lines 12c and 13                           |                 |              |               |                 |                      | . 1          | 4                             |                               |
| Deduction,<br>see Instructions.                  | 15  | Taxable income. Subtract line 1                | 4 from line 1   | 1. If zero   | or less, ente | er-0            |                      | . 1          | 5                             |                               |
| see instructions.                                |   |  |                 |              |               |                 |                      |              |                               |                               |
| For Disclosure,                                  | Privac  | y Act, and Paperwork Reduction Act             | Notice, see se  | eparate in   | structions.   |                 | Cat. No. 11320B      |              | For                           | m <b>1040</b> (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.



| Departm<br>Internal | ent of the Treasury<br>Revenue Service |          | ► Go to w | ► Attach to Form 1040, 1040-SR, or 1040-NR.  neww.irs.gov/Form1040 for instructions and the latest information.  Seguence No. 01                           |        |                       |
|---------------------|--|----------|-----------|--|--------|-----------------------|
| Name                | (s) shown on Fo                        | rm 1040, | 1040-SR,  |  |        |                       |
| Par                 | tl Additio                             | nal Inc  | come      |  |        |                       |
| 1                   |  |          | edits, or | offsets of state and local income taxes  |        |                       |
|                     | Alimony reco<br>Date of origin         |          | roo or so |  |        |                       |
| 3                   | Business inc                           |          | Schedul   | e 1 (Form 1040) 2021   |        | Page :                |
| 4                   | Other gains                            |          | Par       | Adjustments to Income  |        |                       |
| 5                   | Rental real<br>Schedule E              |          | 11        | Educator expenses  | 11     |                       |
| 6                   | Farm income                            |          | 12        | Certain business expenses of reservists, performing artists, and fee-basis government  |        |                       |
| 7<br>8              | Unemploym<br>Other incom               |          |           | officials. Attach Form 2106  | 12     |                       |
| _                   | Net operatin                           |          | 13        | Health savings account deduction. Attach Form 8889   | 13     |                       |
|                     | Gambling in                            |          | 14        | Moving expenses for members of the Armed Forces. Attach Form 3903 $ \dots  \dots $   | 14     |                       |
|                     | Cancellation<br>Foreign earn           |          | 15        | Deductible part of self-employment tax. Attach Schedule SE   | 15     |                       |
|                     | Taxable Hea                            |          | 16        | Self-employed SEP, SIMPLE, and qualified plans   | 16     |                       |
|                     | Alaska Perm<br>Jury duty pa            |          | 17        | Self-employed health insurance deduction   | 17     |                       |
| _                   | Prizes and a                           |          | 18        | Penalty on early withdrawal of savings   | 18     |                       |
|                     | Activity not                           |          | 19a       | Alimony paid   | 19a    |                       |
| •                   | Stock option<br>Income from            |          | b         | Recipient's SSN  |        |                       |
|                     | the rental fo property .               |          | С         | Date of original divorce or separation agreement (see instructions) ▶  |        |                       |
| 1                   | Olympic and                            | d Paral  | 20        | IRA deduction  | 20     |                       |
| m                   | instructions)<br>Section 951           |          | 21        | Student loan interest deduction  | 21     |                       |
|                     | Section 951                            |          | 22        | Reserved for future use  | 22     |                       |
|                     | Section 461<br>Taxable dist            |          | 23        | Archer MSA deduction   | 23     |                       |
|                     | Other incom                            |          | 24        | Other adjustments:   |        |                       |
| 9                   | Total other is                         | ncome.   | а         | Jury duty pay (see instructions)   |        |                       |
|                     | Combine lin                            | nes 1 t  |           | Deductible expenses related to income reported on line 8k from   |        |                       |
| For Pa              | 1040-NR, lin<br>perwork Reducti        |          |           | the rental of personal property engaged in for profit 24b  |        |                       |
|                     |  |          | С         | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c   |        |                       |
|                     |  |          | d         | Reforestation amortization and expenses  |        |                       |
|                     |  |          | е         | Repayment of supplemental unemployment benefits under the  |        |                       |
|                     |  |          |           | Trade Act of 1974  |        |                       |
|                     |  |          | f         | Contributions to section 501(c)(18)(D) pension plans 24f   |        |                       |
|                     |  |          | _         | 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)  |        |                       |
|                     |  |          |           | 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 |        |                       |
|                     |  |          | i         | Housing deduction from Form 2555   |        |                       |
|                     |  |          | •         | Excess deductions of section 67(e) expenses from Schedule K-1  |        |                       |
|                     |  |          |           | (Form 1041)  |        |                       |
|                     |  |          | Z         | Other adjustments. List type and amount ▶  |        |                       |
|                     |  |          | 25        | Total other adjustments. Add lines 24a through 24z   | 25     |                       |
|                     |  |          | 26        | Add lines 11 through 23 and 25. These are your adjustments to income. Enter  |        |                       |
|                     |  |          |           | here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a   | 26     |                       |
|                     |  |          |           |  | Schedu | ale 1 (Form 1040) 202 |

SCHEDULE 1

**Additional Income and Adjustments to Income** 

#### 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

#### **Gross Countable Income**

- 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 be personally liable for all debts incubusiness.  Can include royalties and some lincompanies (LLC). | rred by the |  |  |  |
|----------------------------|--|-------------|--|--|--|
| Business require           | d to file taxes?   | No          |  |  |  |
| IRS Tax Form(s) & Location | Schedules C and Schedule 1, line   | 3           |  |  |  |
| Common<br>Examples         | babysitters, bookkeepers, real estate agents,  |             |  |  |  |



| (Forn        | EDULE C<br>n 1040)   |            | > Co to unu                             | (Sole                                 | ss From Bus<br>Proprietorship) |   |                   |             | No. 1545-0          |           |                               |
|--------------|--|------------|---|---------------------------------------|--------------------------------|---|-------------------|-------------|---------------------|-----------|-------------------------------|
|              | nent of the Treasury<br>Revenue Service (99)   | ► Atta     |   |                                       |                                | I the latest information.<br>ps must generally file F | orm 1065          | Attac       | hment<br>ence No. 0 |           |                               |
| _            | of proprietor  |            |   | ,                                     | , , ,                          | ,,,,  |                   | curity nu   |                     |           |                               |
| A            | A Principal business or profession, including product or service (see instructions)  B E |            |   |                                       |                                | B Enter   | ode from i        | nstruction  | s                   | 1         |                               |
| <del>_</del> | Duelanes name  | W          | nameta kunlanan                         | name, leave blank.                    |                                |   |                   | · .         |                     |           | i                             |
| ľ            | business name.   | . II no se | eparate business                        | iame, leave blank.                    |                                |   | Emplo             | yer ID numb | er (EIN) (so        | e instr.) |                               |
| E            | Business addre   | SCHE       | EDULE 1                                 |                                       |                                |   |                   |             |                     | 1 0       | MB No. 1545-0074              |
| F            | City, town or po   | (Form      | 1040)                                   | Additio                               |                                | and Adjustmen<br>1 1040, 1040-SR, or 1040             |                   | ncom        | е                   | ľ         | 2021                          |
| G<br>H       | Did you "mater<br>If you started o   |            | nent of the Treasury<br>Revenue Service | ►Go to w                              | ww.irs.gov/Form1040            | for instructions and the                              | e latest in       | formation   |                     | A         | Attachment<br>Sequence No. 01 |
| i i          | Did you make a   | Name       | (s) shown on Fo                         | m 1040, 1040-SR, o                    | or 1040-NR                     |   |                   |             | Your so             |           | ecurity number                |
| J            | If "Yes," did you Income   | Par        | t I Additio                             | nal Income                            |                                |   |                   |             |                     |           |                               |
| 1            | Gross receipts   |            |   |                                       |                                |   |                   |             |                     |           |                               |
| `            | Form W-2 and   | 1          |   |                                       | offsets of state a             | and local income ta                                   | ixes .            |             |                     | 1         |                               |
| 2            | Returns and all<br>Subtract line 2   | 2a         | Alimony rec                             |                                       |                                |   |                   |             |                     | 2a        |                               |
| 4            | Cost of goods  |            |   |                                       |                                | ent (see instruction                                  | s) 🟲              |             |                     |           |                               |
| 5            | Gross prof t. S  | 3          | Business in                             | come or (loss). A                     | ttach Schedule                 | 0   |                   |             |                     | 3         |                               |
| 6 7          | Other income,  | 4          | Other gains                             | or (losses). Attac                    | ch Form 4797 .                 |   |                   |             |                     | 4         |                               |
|              | Expense  | 5          |   |                                       |                                | , S corporations,                                     | trusts            | , etc. /    | Attach              | ا ِ ا     |                               |
| 8            | Advertising .  | _          | Schedule E                              |                                       |                                |   |                   |             |                     | 5         |                               |
| 9            | Car and truck e<br>instructions)   | 6          |   | e or (loss). Attacl                   |                                |   |                   |             |                     | 6         |                               |
| 10           | Commissions a  | 7          | Unemploym                               | ent compensation                      | on                             |   |                   | ,           |                     | 7         |                               |
| 11<br>12     | Contract labor (se<br>Depletion .  | 8          | Other incom                             | e:                                    |                                |   |                   |             |                     |           |                               |
| 13           | Depreciation an  | a          | Net operatir                            | g loss                                |                                |   | . 8a              | (           | )                   |           |                               |
|              | expense ded<br>included in P   | ь          | Gambling in                             | come                                  |                                |   | . 8b              |             |                     |           |                               |
| 14           | instructions)<br>Employee bene   | C          | Cancellation                            | of debt                               |                                |   | . 8c              |             |                     |           |                               |
| 1"           | (other than on I   | d          | Foreign earn                            | ed income exclu                       | usion from Form                | 2555  | . 8d              | (           |                     |           |                               |
| 15           | Insurance (othe  | е          | Taxable Hea                             | Ith Savings Acco                      | ount distribution              |   | . 8e              |             |                     |           |                               |
| 16<br>a      | Interest (see ins<br>Mortgage (paid)   | f          | Alaska Perm                             | anent Fund divid                      | dends                          |   | . 8f              |             |                     |           |                               |
| b            | Other  | g          | Jury duty pa                            | у                                     |                                |   | . 8g              |             |                     |           |                               |
| 28           | Legal and profes Total expense   | h          | Prizes and a                            | wards                                 |                                |   | . 8h              |             |                     | 1         |                               |
| 29           | Tentative profit   | i          | Activity not                            | engaged in for p                      | rofit income .                 |   | . 8i              |             |                     | 1         |                               |
| 30           | Expenses for t   | i          | Stock option                            | 5 5                                   |                                |   | . 8j              |             |                     | 1         |                               |
|              | unless using the<br>Simplified met   | -          |   |                                       | ersonal propert                | y if you engaged                                      | _                 |             |                     | 1         |                               |
|              | and (b) the part   |            | the rental fo                           | r profit but were                     | not in the busi                | ness of renting suc                                   |                   |             |                     |           |                               |
|              | Method Works   |            |   |                                       |                                |   |                   |             |                     |           |                               |
| 31           | <ul> <li>Net profit or (le</li> <li>If a profit, ent</li> </ul>                          | - 1        |   |                                       |                                | C prize money (se                                     | e  <br>. 81       |             |                     |           |                               |
|              | checked the bo   |            |   | · · · · · · · · · · · · · · · · · · · |                                |   |                   |             |                     | 1 1       |                               |
| 32           | If a loss, your  |            |   | (a) inclusion (see                    |                                |   | . 8m              |             |                     |           |                               |
| 32           | <ul> <li>If you have a lo</li> <li>If you checke</li> </ul>                              | n          |   | A(a) inclusion (se                    | ,                              |   |                   |             |                     | -         |                               |
|              | SE, line 2. (If yo   | 0          |   | (I) excess busine                     | •                              |   | . 80              |             |                     |           |                               |
|              | Form 1041, line  If you checke   | р          | Taxable dist                            | ributions from ar                     | n ABLE account                 | (see instructions)                                    | . <mark>8p</mark> |             |                     | - 1       |                               |
| For Pa       | perwork Reduc  | Z          | Other incom                             | e. List type and                      | amount >                       |   | 8z                |             |                     |           |                               |
|              |  | 9          | Total other i                           | ncome. Add line                       | s 8a through 8z                |   |                   |             |                     | 9         |                               |
|              |  | 10         |   |                                       | and 9. Enter I                 | nere and on Form                                      | 1040,             | 1040-9      | SR, or              |           |                               |
|              |  | Ea- D      | 1040-NR, lir                            |                                       |                                | tions   |                   |             |                     | 10        |                               |
|              |  | ror Pa     | perwork Heduct                          | on Act Notice, see yo                 | rur tax return instruc         | uons. Ca  | t. No. 7147       | 9F          |                     | Schedu    | ile 1 (Form 1040) 2021        |

#### 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 business when a relationship exists between two or more persons who join to carry on a trade or business. The different types of partnerships can include, general partnership, limited partnership (LLP), and limited liability limited partnership (LLLP). |                    |  |  |
|----------------------------|---|--------------------|--|--|
| Business require           | d to file taxes?  | Yes                |  |  |
| IRS Tax Form(s) & Location | Form 1065, Schedules E, and   | Schedule 1, line 5 |  |  |
| Common<br>Examples         | Real estate businesses, dance studios, medical and legal practices, marketing firms, small retail stores, etc.  |                    |  |  |



|  | 40                 | 0=                        | $\overline{}$      |                              | 11.6                               | Poture of Portnorchin Incomo  | OMB No. 1                         | 5/15-0123             |          |                      |  |
|--|--------------------|---------------------------|--------------------|------------------------------|------------------------------------|---|-----------------------------------|-----------------------|----------|----------------------|--|
| Form   | 10                 | 65                        |                    |                              |                                    | Return of Partnership Income  |                                   |                       |          |                      |  |
| Depart   | ment of t          | he Treasur                | ry Fo              |                              |                                    | s.gov/Form1065 for instructions and the latest information.   | 20:                               | 21                    |          |                      |  |
|  |                    | e Service<br>iness activi | ity                |                              | e of partnership                   | .gov/ronn1065 for instructions and the latest information.  | D Employer iden                   | tification number     |          |                      |  |
|  |                    |                           |                    |                              |                                    |   |                                   |                       |          | _                    |  |
| B Prin   | cipal prod         | SCHE                      |                    |                              | I                                  | Supplemental Income and Loss  |                                   | OMB No. 1             | 1545-00  | 74                   |  |
| C Bus  | iness co           | (Form                     | 104                | 0)                           | (From renta                        | l real estate, royalties, partnerships, S corporations, estates, trusts, RE   | MICs, etc.)                       | 20                    | 21       | _                    |  |
|  | -1                 | Departm<br>Internal F     | ent of t<br>Revenu | he Treasury<br>e Service (99 |                                    | Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information | on.                               | Attachmer<br>Sequence | 10       |                      |  |
| G C  | heck ap            | Name(s)                   | show               | n on return                  |                                    |   | Your soci                         | al security nu        |          |                      |  |
|  | heck ac            | Part                      |                    | Income                       | or Loss Fron                       | n Rental Real Estate and Royalties Note: If you are in the business   | of renting pe                     | rsonal prope          | rtv. use | _                    |  |
|  | umber (<br>heck if |                           |                    | SCHEE                        |                                    |   |                                   |                       |          | MB No. 1545-0074     |  |
|  | heck if p          | A Did<br>B If "           |                    | (Form 1                      |                                    | Additional Income and Adjustments   | to Incor                          | ne                    |          | 2021                 |  |
| Caut   | ion: In            | 1a                        | Ph                 |                              | t of the Treasury<br>venue Service | ► Attach to Form 1040, 1040-SR, or 1040-NR<br>► Go to www.irs.gov/Form1040 for instructions and the late                | l.<br>eet informatie              | <b></b>               | A        | ttachment            |  |
|  | b                  | A<br>B                    | н                  |                              |                                    | rm 1040, 1040-SR, or 1040-NR  | est illionnati                    |                       |          | equence No. 01       |  |
| ١.   | 2<br>2             | С                         |                    |                              |                                    |   |                                   |                       |          | •                    |  |
| ncome  | 3                  | 1b                        | T                  | Part                         | Additio                            | onal Income   |                                   |                       |          |                      |  |
| <u>š</u>   | 4<br>5             | Α                         |                    | 1 1                          | axable refu                        | inds, credits, or offsets of state and local income taxes   | s                                 |                       | 1        |                      |  |
|  | 6                  | В                         |                    | 2a /                         | Alimony rec                        | eived   |                                   |                       | 2a       |                      |  |
|  | 7 8                | Туре                      |                    | <b>b</b> [                   | Date of origi                      | nal divorce or separation agreement (see instructions)  | •                                 |                       |          |                      |  |
| I -  | 9                  | 1 Sing<br>2 Mult          |                    | 3 E                          | Business in                        | come or (loss). Attach Schedule C   |                                   |                       | 3        |                      |  |
| ations   | 10                 | Incom                     | ie:                | 4 (                          | Other gains                        | or (losses). Attach Form 4797   |                                   |                       | 4        |                      |  |
| (see instructions for limitations)   | 11<br>12           | 3                         | Ron<br>Roy         |                              |                                    | estate, royalties, partnerships, S corporations, tru  |                                   |                       |          |                      |  |
| l sug  | 13                 | Expen                     | se                 |                              |                                    |   |                                   |                       | 5        |                      |  |
| struct   | 14<br>15           | 5<br>6                    | Adv                |                              |                                    | e or (loss). Attach Schedule F  |                                   |                       | 6        |                      |  |
| 8  | 16a                | 7                         | Aut                |                              |                                    | ent compensation  |                                   |                       | 7        |                      |  |
| Sus  | 17                 | 8                         | Cor                |                              | Other incom                        |   |                                   |                       |          |                      |  |
| cţi  | 18                 | 10                        | Leg                |                              | Net operatir                       |   | 8a (                              | )                     |          |                      |  |
| Deductions   | 19                 | 11                        | Mar                |                              | Sambling in                        |   | 8b                                |                       |          |                      |  |
|  | 21                 |                           | Mor<br>Oth         |                              |                                    | of debt   | 8c                                |                       |          |                      |  |
| I  | 22                 | 14                        | Rep                |                              |                                    | ned income exclusion from Form 2555   | 8d (                              |                       |          |                      |  |
| ax and Payment   | 24                 |                           | 15<br>16           | Sup                          |                                    |   | alth Savings Account distribution | 8e                    |          |                      |  |
| ayr  | 25<br>26           | 17                        | Utili              | f /                          | Alaska Pem                         | nanent Fund dividends   | 8f                                |                       |          |                      |  |
| <del> </del>   | 27                 | 18<br>19                  | Dep<br>Oth         |                              |                                    | ay  | 8g                                |                       |          |                      |  |
| ×ar  | 28<br>29           | 20                        | Tota               | h F                          | Prizes and a                       | awards  | 8h                                |                       |          |                      |  |
| <u>₽</u>   | 30                 | 21                        | Sub                | i /                          | Activity not                       | engaged in for profit income  | 8i                                |                       |          |                      |  |
| L.   |                    |                           | file               | -                            |                                    | ns  | 8j                                |                       |          |                      |  |
| Sigi   |                    | 22                        | Dec<br>on I        |                              |                                    | n the rental of personal property if you engaged in property but were not in the business of renting such               |                                   |                       |          |                      |  |
| Her  | e                  | 23a                       | Tota               |                              |                                    |   | 8k                                |                       |          |                      |  |
| Paid   | . 1                | b                         | Tota<br>Tota       | 1 (                          | Olympic an                         | d Paralympic medals and USOC prize money (see   |                                   |                       |          |                      |  |
|  | oarer              | d                         | Tota               | i                            | nstructions                        |   | 81                                |                       |          |                      |  |
|  | Only               | e<br>24                   | Tota<br>Inc        | m S                          | Section 951                        | (a) inclusion (see instructions)  | 8m                                |                       |          |                      |  |
| For P  | aperwo             | 25                        | Los                | n S                          | Section 951                        | A(a) inclusion (see instructions)   | 8n                                |                       |          |                      |  |
|  |                    | 26                        | Tot                | 0 8                          | Section 461                        | (I) excess business loss adjustment   | 80                                |                       |          |                      |  |
|  |                    |                           | Sch                | рΊ                           | axable dist                        | ributions from an ABLE account (see instructions) .   | 8p                                |                       |          |                      |  |
|  |                    | For Pa                    | perw               | z (                          | Other incom                        | ne. List type and amount ▶  | 8z                                |                       |          |                      |  |
|  |                    |                           |                    | 9 1                          | otal other i                       | ncome. Add lines 8a through 8z  |                                   |                       | 9        |                      |  |
| 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or |                    |                           |                    |                              |                                    |   |                                   |                       |          |                      |  |
|  | 1040-NR, line 8    |                           |                    |                              |                                    |   |                                   |                       |          |                      |  |
|  |                    |                           |                    | For Pape                     | WORK REDUCT                        | ion Act Notice, see your tax return instructions. Cat. No.  | . 71479F                          |                       | schedu   | le 1 (Form 1040) 202 |  |

# Partnership Tax Forms

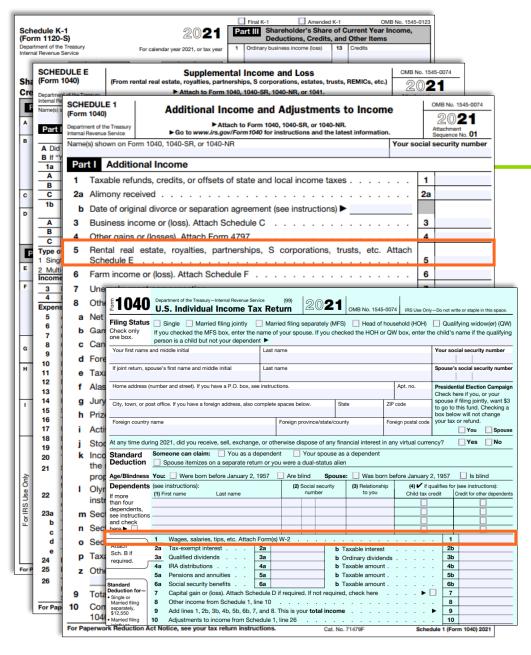
- Partnership income is calculated on Schedule E.
- The total partnership income is reported on Schedule 1 line 5, along with other income and adjustments to income.



# Corporation

| Description                | Has a more complex business structure. Shareholders or owners of the corporation are employees of the corporation that receive wages and can receive additional income from the corporation. The types of corporations can be C corporations, S corporations, non-profit, and some limited liability companies (LLCs). |                       |  |  |
|----------------------------|--|-----------------------|--|--|
| Business require           | d to file taxes?   | Yes                   |  |  |
| IRS Tax Form(s) & Location | Form 1120/ 1120S, Schedule E, Schedwill show on line 1 of Form 1040.   | lule 1, line 5. Wages |  |  |
| Common<br>Examples         | Gas stations, general stores, real estate insurance agencies, chiropractors, der   |                       |  |  |





# 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   | Income or services received from the use of real estate or personal property. This can include royalties (typically property royalties). |   |  |  |  |  |
|---|--|---|--|--|--|--|
| Business required to file taxes? No   |  |   |  |  |  |  |
| IRS Tax Form & Location   | Schedule E and Schedule 1, line  | 5 |  |  |  |  |
| <b>Common Examples</b> Renting a room out of your house, leasing part of your property as storage, having numerous rental homes, etc. |  |   |  |  |  |  |



| SCH<br>(Forn     | 1545-00     | 074                       |  |                |                        |
|------------------|-------------|---------------------------|--|----------------|------------------------|
| Departn          | nent o      | f the Treas               | (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)  ▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  Attachme | ent            | l                      |
|                  |             | nue Service<br>wn on retu | (99) ►Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence  | e No. <b>1</b> | 3                      |
| Tallio(.         | ay ano      | WIT OF TOLK               | Tour social security in  | umber          |                        |
| Par              | t I         |                           | me or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal prop   | erty, us       | зе                     |
| A Di             | d vo        |                           | dule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.                                       |                |                        |
| B If             |             | SCHE                      | Additional Income and Adjustments to Income  |                | MB No. 1545-0074       |
| 1a<br>A          | Pł          |                           | ent of the Treasury  Attach to Form 1040, 1040-SR, or 1040-NR.   |                | 20 <b>21</b>           |
| <del>- A</del> B | -           | Internal                  | Revenue Service ► Go to www.irs.gov/Form1040 for instructions and the latest information.  | S              | Sequence No. 01        |
| С                |             | Name                      | (s) shown on Form 1040, 1040-SR, or 1040-NR  | cial s         | ecurity number         |
| 1b               | Ш           | Par                       | Additional Income  |                |                        |
| A                |             | 1                         | Taxable refunds, credits, or offsets of state and local income taxes   | 1              |                        |
| B                |             |                           | Alimony received   | 2a             |                        |
| Type             | of P        |                           |  | Za             |                        |
| 1 Sin            | gle F       | D                         | Date of original divorce or separation agreement (see instructions)  |                |                        |
| 2 Mu<br>Incon    |             | 3                         | Business income or (loss). Attach Schedule C   | 3              |                        |
| 3                | ne          | 4                         | Other gains or (losses). Attach Form 4797  | 4              |                        |
| 4                | Ro          | 5                         | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach   | _              |                        |
| Expe             | ses<br>Ad   |                           | Schedule E   | 5              |                        |
| 6                | Au          | 6                         | Farm income or (loss). Attach Schedule F   | 6              |                        |
| 7 8              | Cle         | 7                         | Unemployment compensation  | 7              |                        |
| 9                | Ins         | 8                         | Other income:  |                |                        |
| 10               | Leg         | а                         | Net operating loss   |                |                        |
| 11<br>12         | Ma<br>Mo    | ь                         | Gambling income  |                |                        |
| 13               | Ott         | С                         | Cancellation of debt   |                |                        |
| 14               | Re          | d                         | Foreign earned income exclusion from Form 2555 8d ( )  |                |                        |
| 15<br>16         | Su          |                           | Taxable Health Savings Account distribution 8e   |                |                        |
| 17               | Uti         | f                         | Alaska Permanent Fund dividends  |                |                        |
| 18<br>19         | De<br>Otl   |                           | Jury duty pay  | 1              |                        |
| 20               | To          | g                         | 7 7 7  | 1              |                        |
| 21               | Su          |                           |  | -              |                        |
|                  | res<br>file | i                         | Activity not engaged in for profit income  | -              |                        |
| 22               | De          | j                         | Stock options  |                |                        |
| 23a              | on<br>To    | 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                               |                |                        |
| b                | To          |                           | property   |                |                        |
| c                | To          | - 1                       | Olympic and Paralympic medals and USOC prize money (see  |                |                        |
| d<br>e           | To:         | _                         | instructions)  |                |                        |
| 24               | Inc         | m                         | Section 951(a) inclusion (see instructions) 8m   |                |                        |
| 25               | Lo          |                           | Section 951A(a) inclusion (see instructions) 8n  |                |                        |
| 26               | To          |                           | Section 461(I) excess business loss adjustment 80  |                |                        |
|                  | Sc          |                           | Taxable distributions from an ABLE account (see instructions) . 8p   |                |                        |
| For Pa           | apen        |                           | ,  |                |                        |
|                  |             | Z                         | Other income. List type and amount ▶   |                |                        |
|                  |             | 9                         | Total other income. Add lines 8a through 8z  | 9              |                        |
|                  |             | 10                        | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or  | Ť              |                        |
|                  |             |                           | 1040-NR, line 8  | 10             |                        |
|                  |             | For Pa                    |  | Schedu         | ile 1 (Form 1040) 2021 |

#### 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             | Income received from farming activities.  |  |  |  |  |  |  |
|-------------------------|---|--|--|--|--|--|--|
| <b>Business requi</b>   | No  |  |  |  |  |  |  |
| IRS Tax Form & Location | RS Tax Form Schedule F and Schedule 1, line 6 3 Location  |  |  |  |  |  |  |
| Common Examples         | Income received from dairy, pour farming or operating a plantation or |  |  |  |  |  |  |



|             | DULE F<br>1040)                     | T           |                                | Profit or Loss From Farming  100 Sept. 1040-SP. Form 1040-NP. Form 1041 or Form 1065                   |                 |                               |
|-------------|-------------------------------------|-------------|--------------------------------|--|-----------------|-------------------------------|
| Departm     | ent of the Treas<br>Revenue Service | ury<br>(99) |                                | Attachment   |                 |                               |
|             | f proprietor                        | (00)        | - do to www                    | Lirs.gov/ScheduleF for instructions and the latest information.  Sequence N Social security number (SS |                 |                               |
|             |                                     |             |                                |  | n ( )           |                               |
| A Prin      | cipal crop or                       | ractivity   |                                | B Enter code from Part IV  C Accounting method:  D Employer ID number (EII)  Cash                      | I) (see instr.) |                               |
| E Did       | you "materia                        | llu parti   | ingto" in the operation        | of this business during 20212 if "No." see instructions for limit an asselve lasses. Ves               | No              |                               |
|             | you make ar<br>Yes," did you        |             | DULE 1<br>1040)                | Additional Income and Adjustments to Income  |                 | No. 1545-0074                 |
| Part        |                                     | •           | ent of the Treasury            | ► Attach to Form 1040, 1040-SR, or 1040-NR.  |                 | <b>2021</b>                   |
|             | Sales of pu                         | Internal    | Revenue Service                | ► Go to www.irs.gov/Form1040 for instructions and the latest information.                              | Attac<br>Sequ   | chment<br>uence No. <b>01</b> |
| b           | Cost or oth<br>Subtract lin         | Name        | s) shown on Form 1             | 040, 1040-SR, or 1040-NR Your  | social sec      | urity number                  |
| 2           | Sales of live                       | Par         | Additiona                      | Income   |                 |                               |
| 3a          | Cooperative                         | 1           |                                | s, credits, or offsets of state and local income taxes   | 1               |                               |
| 4a<br>5a    | Commodity                           | 2a          |                                | ed   | 2a              |                               |
| b           | CCC loans                           |             | -                              |  | Za              |                               |
| 6<br>a      | Crop insura<br>Amount rec           |             |                                | divorce or separation agreement (see instructions) ▶   | -               |                               |
| c           | If election to                      | 3           |                                | ne or (loss). Attach Schedule C  | 3               |                               |
| 7           | Custom him<br>Other incor           | 4           |                                | losses). Attach Form 4797  | 4               |                               |
| 8           | Gross inco                          | 5           | Rental real es<br>Schedule E . | tate, royalties, partnerships, S corporations, trusts, etc. Attact                                     | h   5           |                               |
|             | accrua me                           | 6           |                                | r (loss). Attach Schedule F  | 6               |                               |
| Part<br>10  | Car and                             | 7           |                                |  | 7               |                               |
|             | instructions                        |             |                                | compensation   | -               |                               |
| 11<br>12    | Chemicals<br>Conservatio            | 8           | Other income:                  |  |                 |                               |
| 13          | Custom him                          |             | Net operating lo               |  | _               |                               |
| 14          | Depreciatio                         | ь           | Gambling incon                 |  | -               |                               |
| 15          | (see instruc                        | С           | Cancellation of                |  | -               |                               |
|             | on line 23                          | d           |                                | income exclusion from Form 2555 8d (   |                 |                               |
| 16<br>17    | Feed .<br>Fertilizers a             | е           | Taxable Health                 | Savings Account distribution 8e  | _               |                               |
| 18          | Freight and                         | f           | Alaska Permane                 | ent Fund dividends 8f  |                 |                               |
| 19<br>20    | Gasoline, fu                        | g           | Jury duty pay                  |  |                 |                               |
| 21          | Insurance (                         | h           | Prizes and awa                 | rds  |                 |                               |
| а           | Mortgage (                          | i           | Activity not eng               | aged in for profit income  |                 |                               |
| b<br>22     | Other .<br>Labor hired              | j           | Stock options                  |  |                 |                               |
| 33          | Total expe                          | k           |                                | ne rental of personal property if you engaged in   |                 |                               |
| 34          | Net farm p                          |             | property                       | rofit but were not in the business of renting such   |                 |                               |
| 35          | Reserved for                        | - 1         |                                | aralympic medals and USOC prize money (see   | -               |                               |
| 36          | Check the I                         |             |                                |  |                 |                               |
| a<br>For Pa | All inves<br>perwork Re             | m           | ,                              | inclusion (see instructions) 8m  |                 |                               |
|             |                                     | n           |                                | ) inclusion (see instructions) 8n  |                 |                               |
|             |                                     | 0           |                                | excess business loss adjustment 80   |                 |                               |
|             |                                     | р           | **                             | utions from an ABLE account (see instructions) . 8p  |                 |                               |
|             |                                     |             |                                | List type and amount ▶   | $\neg$          |                               |
|             |                                     | Z           | Caler income. I                | 8z   |                 |                               |
|             |                                     | 9           | Total other inco               | me. Add lines 8a through 8z  | 9               |                               |
|             |                                     | 10          |                                | 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, of  |                 |                               |
|             |                                     | En- P-      | 1040-NR, line 8                |  | 10              | /F 46 -00 000                 |
|             |                                     | FOT Pa      | po work neduction A            | act Notice, see your tax return instructions. Cat. No. 71479F  | achédule 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 (Counta   | ble)   | SSI (Non-countable)  |   |
|--|--|--|---|
| disability, and based on the earnings and Security tax | is paid based on age or<br>nd the amount received is<br>ne insured person's lifetime<br>od contributions to Social<br>es (FICA).<br>Decome Medicare eligible<br>ng SSDI for two years. | <ul> <li>This benefit is paid to disabled adults of children with limited income and resources.</li> <li>Benefit amounts are standardized</li> <li>Eligible for Classic Medicaid (S01).</li> </ul> | r |



| §1040                                   | Depa   | rtment of the Treasury—Internal Revenue Servi                       | 。<br>〈 Re | (99)<br>turn | 202             | 1                    | OMB No. 1545      | -0074 | IRS Use Only-   | -Do not wr  | ite or staple in                                  | n this space. |
|---|--|---|-----------|--------------|-----------------|----------------------|-------------------|-------|-----------------|-------------|---|---------------|
| Filing Status<br>Check only<br>one box. |  |   |           |              |                 |                      |                   |       |                 |             |   |               |
| Your first name                         | Your first name and middle initial Last name Your social security number |   |           |              |                 |                      |                   |       |                 | number      |   |               |
|   |  |   |           |              |                 |                      |                   |       |                 |             |   |               |
| If joint return, sp                     | ouse's   | first name and middle initial                                       | Last r    | name         |                 |                      |                   |       |                 | Spouse's    | s social secu                                     | urity number  |
| Home address (                          | numbe  | r and street). If you have a P.O. box, see                          | instruc   | tions.       |                 |                      |                   |       |                 | Check h     | ere if you, o                                     |               |
| City, town, or po                       | ost offic  | ce. If you have a foreign address, also co                          | mplete    | spaces be    | low.            | Sta                  | te                | ZIP   | ode             | to go to    | if filing jointl<br>this fund. C<br>ow will not c | Checking a    |
| Foreign country                         | name   |   |           | Foreign p    | rovince/state/  | count                | ty                | Fore  |                 |             | or refund.  | Spouse        |
| At any time dur                         | ing 20   | 21, did you receive, sell, exchange,                                | or oth    | nerwise di   | spose of an     | y fina               | ancial interest i | n any | virtual curren  | cy?         | Yes   | No            |
| Standard<br>Deduction                   | _  | eone can claim: You as a de<br>Spouse itemizes on a separate return | •         | -            |                 |                      | a dependent       |       |                 |             |   |               |
| Age/Blindness                           | You:   | Were born before January 2, 1                                       | 957       | Are b        | lind <b>Sp</b>  | ouse                 | : Was bor         | n bet | fore January 2, | , 1957      | ls blir   | nd            |
| Dependents                              | (see i   | instructions):  |           | (2)          | Social security | ,                    | (3) Relationsh    | ip    | (4) ✔ if qu     | alifies for | (see instruc                                      | tions):       |
| If more                                 | (1) Fi   | rst name Last name  |           |              | number          |                      | to you            | _     | Child tax cre   | edit (      | Credit for other                                  | er dependents |
| than four<br>dependents.                |  |   |           |              |                 |                      |                   |       |                 |             |   |               |
| see instructions                        | -  |   |           |              |                 |                      |                   | +     |                 | -           |   | _             |
| and check<br>here ▶ □                   |  |   |           |              |                 |                      |                   |       | <del>- H</del>  |             |   | _             |
|   | 1  | Wages, salaries, tips, etc. Attach F                                | orm(s     | ) W-2 .      | · · · ·         |                      |                   | _     |                 | 1           |   |               |
| Attach                                  | 2a   |   | 2a        | ,            |                 | ЬΤ                   | axable interest   |       |                 | 2b          |   |               |
| Sch. B if required.                     | 3a   | Qualified dividends   | 3a        |              |                 | b Ordinary dividends |                   |       |                 | 3b          |   |               |
| required.                               | 4a   | IRA distributions   | 4a        |              |                 | b T                  | axable amoun      | t     |                 | 4b          |   |               |
|   | 5a   | Pensions and annuities  | 5a        |              |                 | b T                  | axable amoun      | t     |                 | 5b          |   |               |
| Standard<br>Deduction for –             | 6a   | Social security benefits  | 6a        |              |                 | b T                  | axable amoun      | t     | <u>.</u>        | 6b          |   |               |
| Single or                               | 1  | Capital gain or (loss). Attach Scheo                                |           | it require   | d. If not req   | ured                 | , check here      |       | 🕨 🗀             |             |   |               |
| Married filing<br>separately.           | 8  | Other income from Schedule 1, lin                                   |           |              |                 |                      |                   | •     |                 | 8           |   |               |
| \$12,550                                | 9<br>10  | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,                                 |           |              | our total inc   | ome                  |                   | •     | · · · · •       | 9           |   |               |
| Married filing<br>jointly or            | 11   | Adjustments to income from Sche                                     |           |              | arone inco      |                      |                   | •     |                 | 11          |   |               |
| Qualifying _<br>widow(er),              | 11 Subtract line 10 from line 9. This is your adjusted gross income      |   |           |              |                 |                      |                   |       |                 |             |   |               |
| \$25,100<br>• Head of                   | b  | Charitable contributions if you take                                |           | •            |                 |                      | _                 | _     |                 |             |   |               |
| household,<br>\$18,800                  | -  | Add lines 12a and 12b   |           |              |                 |                      |                   |       |                 | 12c         |   |               |
| If you checked                          | 13   | Qualified business income deducti                                   | ion fro   | m Form 8     | 995 or Form     | 899                  | 5-A               |       |                 | 13          |   |               |
| any box under<br>Standard               | 14   | Add lines 12c and 13  |           |              |                 |                      |                   |       |                 | 14          |   |               |
| Deduction,<br>see instructions.         | 15   | Taxable income. Subtract line 14                                    | from I    | ine 11. lf   | zero or less,   | ente                 | r-0               |       |                 | 15          |   |               |
| For Disclosure, I                       | Privacy  | Act, and Paperwork Reduction Act N                                  | otice,    | see separa   | ate instructio  | ns.                  |                   | Cat.  | 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  | Form     | (s) W-2                  |                   |            |  |         | 1   |  |
|---------------------------------|--|-------------------------------------|----------|--------------------------|-------------------|------------|--|---------|-----|--|
| Attach                          | 2a   | Tax-exempt interest                 | 2a       |                          | b Taxable inf     | terest     |  |         | 2b  |  |
| Sch. B if<br>required.          | 3a   | Qualified dividends                 | 3a       |                          | b Ordinary d      | ividends . |  |         | 3b  |  |
| required.                       | 4a   | IRA distributions                   | 4a       |                          | b Taxable an      | nount      |  |         | 4b  |  |
|                                 | 5a   | Pensions and annuities              | 5a       |                          | b Taxable an      | nount      |  |         | 5b  |  |
| Standard                        | 6a   | Social security benefits            | 6a       |                          | b Taxable an      | nount      |  |         | 6b  |  |
| Deduction for—                  | 7  | Capital gain or (loss). Attach Sch  | edule    | D if required. If not r  | equired, check h  | ere        |  | <b></b> | 7   |  |
| Single or<br>Married filing     | 8  | Other income from Schedule 1, li    | ine 10   |                          |                   |            |  |         | 8   |  |
| separately,<br>\$12,550         | 9  | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7  | , and a  | 8. This is your total i  | ncome             |            |  | . 🕨     | 9   |  |
| Married filing                  | 10   | Adjustments to income from Sch      | edule    | 1, line 26               |                   |            |  |         | 10  |  |
| Jointly or<br>Qualifying        | 11   | Subtract line 10 from line 9. This  | is you   | ır adjusted gross in     | come              |            |  | . ▶     | 11  |  |
| widow(er),<br>\$25,100          | 12a  | Standard deduction or itemized      | d ded    | uctions (from Sched      | ule A)            | 12a        |  |         |     |  |
| Head of                         | b  | Charitable contributions if you tak | e the s  | standard deduction (     | see instructions) | 12b        |  |         |     |  |
| household,<br>\$18,800          | C  | Add lines 12a and 12b               |          |                          |                   |            |  |         | 12c |  |
| If you checked                  | 13   | Qualified business income deduc     | ction fr | rom Form 8995 or Fo      | orm 8995-A        |            |  |         | 13  |  |
| ariy box under<br>Standard      | 14   | Add lines 12c and 13                |          |                          |                   |            |  |         | 14  |  |
| Deduction,<br>see Instructions. | 15   | Taxable income. Subtract line 1-    | 4 from   | n line 11. If zero or le | ss, enter -0      |            |  |         | 15  |  |
| See Histocoons.                 |  |                                     |          |                          |                   |            |  |         |     |  |
| For Disclosure,                 | 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.

| $\overline{}$  | _1_ | Wages, salaries, tips, etc. Attach Form(s) W-2                                   |         | 1   |  |  |  |  |
|--|-----|--|---------|-----|--|--|--|--|
| Attach   | 2a  | Tax-exempt interest 2a b Taxable int   | erest   | 2b  |  |  |  |  |
| Sch. B if<br>required.   | 3a  | Qualified dividends 3a b Ordinary di   | vidends | 3b  |  |  |  |  |
| Tequired.  | 4a  | IRA distributions 4a b Taxable am  | nount   | 4b  |  |  |  |  |
|  | 5a  | Pensions and annuities 5a b Taxable am   | nount   | 5b  |  |  |  |  |
| Standard   | 6a  | Social security benefits 6a b Taxable am   | nount   | 6b  |  |  |  |  |
| Single or  | 7   | Capital gain or (loss). Attach Schedule D if required. If not required, check he | ere ▶ 🗌 | 7   |  |  |  |  |
| Married filing   | 8   | Other income from Schedule 1, line 10  |         | 8   |  |  |  |  |
| separately,<br>\$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                                   |         | 10  |  |  |  |  |
| Jointly or<br>Qualifying   | 11  | Subtract line 10 from line 9. This is your adjusted gross income                 |         | 11  |  |  |  |  |
| widow(er),<br>\$25,100   | 12a | Standard deduction or itemized deductions (from Schedule A)                      | 12a     |     |  |  |  |  |
| <ul> <li>Head of</li> </ul>  | b   | Charitable contributions if you take the standard deduction (see instructions)   | 12b     |     |  |  |  |  |
| household,<br>\$18,800   | C   | 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<br>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) |     |  |         |     |  |  |  |  |



## 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.

| $\overline{}$  | 1   | Wages, salaries, tips, etc. Attach  | n Form(s) W-2                    |                         | 1 1 |  |  |
|--|-----|-------------------------------------|----------------------------------|-------------------------|-----|--|--|
| Attach   | 2a  | Tax-exempt interest                 | 2a                               | b Taxable interest      | 2b  |  |  |
| Sch. B if  | 3a  | Qualified dividends                 | 3a                               | b Ordinary dividends    | 3b  |  |  |
| required.  | 4a  | IRA distributions                   | 4a                               | b Taxable amount        | 4b  |  |  |
|  | 5a  | Pensions and annuities              | 5a                               | <b>b</b> Taxable amount | 5b  |  |  |
| Standard   | 6a  | Social security benefits            | 6a                               | <b>b</b> Taxable amount | 6b  |  |  |
| Deduction for—     Single or   | 7   | Capital gain or (loss). Attach Sch  | nedule D if required. If not i   | required, check here    | 7   |  |  |
| Married filing   | 8   | Other income from Schedule 1, I     | ine 10                           |                         | 8   |  |  |
| separately,<br>\$12,550  | 9   | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7  | 7, and 8. This is your total     | income                  | 9   |  |  |
| Married filing   | 10  | Adjustments to income from Sch      | hedule 1, line 26                |                         | 10  |  |  |
| Jointly or<br>Qualifying   | 11  | Subtract line 10 from line 9. This  | is your <b>adjusted gross in</b> | come                    | 11  |  |  |
| widow(er),<br>\$25,100   | 12a | Standard deduction or itemize       | d deductions (from Sched         | dule A) 12a             |     |  |  |
| Head of  | b   | Charitable contributions if you tak | ke the standard deduction (      | see instructions) 12b   |     |  |  |
| household,<br>\$18,800   | C   | Add lines 12a and 12b               |                                  |                         | 12c |  |  |
| If you checked   | 13  | Qualified business income deduc     | ction from Form 8995 or F        | orm 8995-A              | 13  |  |  |
| arry box under<br>Standard   | 14  | Add lines 12c and 13                |                                  |                         | 14  |  |  |
| Deduction,<br>see Instructions.  | 15  | Taxable income. Subtract line 1     | 14 from line 11. If zero or le   | ss, enter -0            | 15  |  |  |
| See included in  |     |                                     |                                  |                         |     |  |  |
| For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B 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                      | <u> </u>                  |            | 1   |  |
|--|-----|---------------------------------------|----------------------------------|---------------------------|------------|-----|--|
| Attach<br>Sch. B if  | 2a  | Tax-exempt interest                   | 2a                               | <b>b</b> Taxable interest |            | 2b  |  |
| required.  | 3a  | Qualified dividends                   | 3a                               | b Ordinary dividends      |            | 3b  |  |
| Toquirou.  | 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 Sche   | edule D if required. If not re   | equired, check here       | <b>▶</b> ■ | 7   |  |
| <ul> <li>Single or<br/>Married filing</li> </ul>   | 8   | Other income from Schedule 1, lin     | ne 10                            |                           |            | 8   |  |
| separately,<br>\$12,550  | 9   | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,   |                                  |                           | 1          | 9   |  |
| <ul> <li>Married filing</li> </ul>   | 10  | Adjustments to income from Sche       | edule 1, line 26                 |                           |            | 10  |  |
| Jointly or<br>Qualifying   | 11  | Subtract line 10 from line 9. This is | is your <b>adjusted gross in</b> | ome                       | . 🕨        | 11  |  |
| widow(er),<br>\$25,100   | 12a | Standard deduction or itemized        | I deductions (from Sched         | ule A) 12a                |            |     |  |
| <ul> <li>Head of</li> </ul>  | b   | Charitable contributions if you take  | e the standard deduction (s      | ee instructions) 12b      |            |     |  |
| household,<br>\$18.800   | С   | Add lines 12a and 12b                 |                                  |                           |            | 12c |  |
| If you checked   | 13  | Qualified business income deduct      | tion from Form 8995 or Fo        | rm 8995-A                 |            | 13  |  |
| ariy box under<br>Standard   | 14  | Add lines 12c and 13                  |                                  |                           |            | 14  |  |
| Deduction,<br>see Instructions.  | 15  | Taxable income. Subtract line 14      | from line 11. If zero or le      | ss, enter -0              |            | 15  |  |
| see maductions.  |     |                                       |                                  |                           |            |     |  |
| 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.



| SCHEDULE 1<br>(Form 1040)  Department of the Treasury Internal Revenue Service  Name(s) shown on Form | Additional Income and Adjustments to Income  Attach to Form 1040, 1040-SR, or 1040-NR.  Go to www.irs.gov/Form1040 for instructions and the latest information.  1040, 1040-SR, or 1040-NR | OMB No. 1545-0074  2021  Attachment squence No. 01  ur social security number |   |
|---|--|---|---|
| Part I Addition   | nel Incomo   |   |   |
|   | nds, credits, or offsets of state and local income taxes   |   | Λ I' I                                  |
|   | ived   | .   2a  | - Allmony Incomp                        |
| *   | al divorce or separation agreement (see instructions)  | . 20  | Alimony Income                          |
|   | ome or (loss). Attach Schedule C   | . 3   | <b>-</b>                                |
| 4 Other gains of  | or (losses). Attach Form 4797  | . 4   |   |
|   | estate, royalties, partnerships, S corporations, trusts, etc. Atta   | ch . 5  |   |
| 6 Farm income   | or (loss). Attach Schedule F   | . 6   |   |
| 7 Unemployme  | ent compensation   | . 7   | Alimony income is listed on line 2a     |
| 8 Other income  | e:   |   |   |
| a Net operating   | loss   |   | on the Schedule 1.                      |
| <b>b</b> Gambling inc   |  |   | on the seriedate 1.                     |
|   | of debt  |   |   |
|   | ed income exclusion from Form 2555 8d (  | <u>)</u>  | This income is included in the tota     |
|   | th Savings Account distribution  |   |   |
|   | nent runa dividends  |   | adjustments included on line 8 of       |
|   | vards  |   | adjustments included on line 8 of       |
|   | ngaged in for profit income  |   | Γονιο 1040                              |
|   | s  |   | Form 1040.                              |
| k Income from   | the rental of personal property if you engaged in profit but were not in the business of renting such  |   |   |
|   | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 .   | <del></del>   |   |
| Attach<br>Sch. B if   | 2a Tax-exempt interest 2a  | <b>b</b> Taxab  | ole interest                            |
| required.   | 3a Qualified dividends 3a  | <b>b</b> Ordin  | ary dividends 3b                        |
| required.   | 4a IRA distributions 4a  | <b>b</b> Taxab  | ole amount 4b                           |
|   | 5a Pensions and annuities 5a   | b Taxab   | ole amount 5b                           |
| Standard  | 6a Social security benefits 6a   | <b>b</b> Taxab  | ole amount 6b                           |
| Deduction for-  | 7 Capital gain or (loss). Attach Schedule D if required  | d. If not required, che   | ock here                                |
| Single or<br>Married filing   |  |   |   |
| separately,   | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is yo  |   | 9                                       |
| \$12,550<br>• Married filing  | 10 Adjustments to income from Schedule 1, line 26  |   | 10                                      |
| Jointly or  | 11 Subtract line 10 from line 9. This is your adjusted   |   | 1 |
| Qualifying widow(er),   | 12a Standard deduction or itemized deductions (fro   | -   | 12a                                     |
| \$25,100  | b Charitable contributions if you take the standard de   |   |   |
| <ul> <li>Head of<br/>household,</li> </ul>  |  | •   | 120                                     |
| \$18,800  | c Add lines 12a and 12b  |   | 13                                      |
| If you checked<br>any box under   |  |   |   |
| Standard<br>Deduction,<br>see Instructions  | 15 Tayable income. Subtract line 14 from line 11. If a   | ero or less, enter -0-  |   |
| See Household   |  |   |   |
| For Disclosure  | e, Privacy Act, and Paperwork Reduction Act Notice, see separa   | te instructions.  | Cat. No. 11320B Form <b>1040</b> (2021) |



# **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.



| (Fo  | orm 1040)  |         | Additional Income and Adjustments to Income  Attach to Form 1040, 1040-SR, or 1040-NR.               | OMB No. 1545-0074 2021 Attachment |        |                                      |
|------|--|---------|--|-----------------------------------|--------|--------------------------------------|
| Inte | mal Revenue Service                                  | 1010    | ► Go to www.irs.gov/Form1040 for instructions and the latest information.                            | Sequence No. 01                   |        | _                                    |
| Na   | me(s) snown on For                                   | m 1040  | ), 1040-SR, or 1040-NR   | r social security number          |        | nonan over ont                       |
| F    | art I Additio  | nal Ir  | ncome  |                                   |        | nemployment                          |
| •    | Taxable refu   | nds, c  | redits, or offsets of state and local income taxes   | . 1                               |        |                                      |
| 2    | 2a Alimony rece                                      | eived   |  | . 2a                              |        |                                      |
|      | <b>b</b> Date of origin                              | nal div | orce or separation agreement (see instructions)  |                                   |        | ompensation                          |
| :    | Business inc   | ome o   | or (loss). Attach Schedule C   | . 3                               |        | ompensation                          |
| 4    | Other gains  | or (los | ses). Attach Form 4797   | . 4                               |        |                                      |
|      |  |         | e, royalties, partnerships, S corporations, trusts, etc. Attac                                       |                                   |        |                                      |
|      |  |         | Attack Cabadula E  | . 6                               |        | Unampleyment is listed on line 7     |
|      |  | •       | oss). Attach Schedule F  | . 7                               |        | Unemployment is listed on line 7     |
| ļ    | Other incom  |         | mpensation   | . 1                               | _      | of the Schedule 1.                   |
| •    |  |         |  |                                   |        | of the schedule 1.                   |
|      |  |         |  |                                   |        |                                      |
|      |  |         | bt 8c  |                                   |        | This income is included in the total |
|      |  |         | come exclusion from Form 2555 8d (   |                                   |        |                                      |
|      |  |         | vings Account distribution 8e  | 4                                 |        | adjustments included on line 8 of    |
|      |  |         | Fund dividends 8f  |                                   |        |                                      |
|      | g Jury duty pa                                       | ν.      |  |                                   |        | Form 1040.                           |
|      | h Prizes and a                                       | -       |  |                                   |        |                                      |
|      | i Activity not e                                     | engag   | ed in for profit income  |                                   |        |                                      |
| ſ    |  | 1       | Wages, salaries, tips, etc. Attach Form(s) W-2   |                                   |        | 1                                    |
| ı    | Attach<br>Sch. B if                                  | 2a      | . —  | Taxable interest .                |        | <u>2b</u>                            |
| ı    | required.  | 3a      |  | Ordinary dividends .              |        | 3b                                   |
| ı    | ر ب  | 4a      |  | Taxable amount                    |        | 4b                                   |
| ı    |  | 5a      |  | Taxable amount                    |        | 5b                                   |
| ı    | Standard<br>Deduction for—                           | 6a<br>7 | Social security benefits 6a b  Capital gain or (loss). Attach Schedule D if required. If not require | Taxable amount                    |        | 6b 7                                 |
| ı    | <ul> <li>Single or</li> </ul>                        | 8       | Other income from Schedule 1, line 10  |                                   |        | 8                                    |
| ı    | Married filing<br>separately,                        | 9       | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total incom                                  |                                   |        | 9                                    |
| ı    | \$12,550<br>• Married filing                         | 10      |  |                                   |        | 10                                   |
| ı    | Jointly or<br>Qualifying                             | 11      | Subtract line 10 from line 9. This is your adjusted gross income                                     |                                   | >      | 11                                   |
|      | widow(er),<br>\$25,100                               | 12a     | Standard deduction or itemized deductions (from Schedule A   | ) <b>12a</b>                      |        |                                      |
| 1    | Head of  | b       | Charitable contributions if you take the standard deduction (see in:                                 | structions) 12b                   |        |                                      |
|      | household,<br>\$18,800                               | С       | Add lines 12a and 12b  |                                   |        | 12c                                  |
| Fo   | <ul> <li>If you checked<br/>any box under</li> </ul> | 13      | Qualified business income deduction from Form 8995 or Form 8   | 995-A                             |        | 13                                   |
|      | Standard<br>Deduction,                               | 14      | Add lines 12c and 13   |                                   |        | 14                                   |
|      | see Instructions.                                    | 15      | Taxable income. Subtract line 14 from line 11. If zero or less, er                                   | nter -0                           |        | 15                                   |
|      | For Disclosure                                       | Driveo  | v Act, and Paperwork Reduction Act Notice, see separate instructions.                                | Cat N                             | 11320B | Form 1040 (2021)                     |



#### 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.



|        | SCHEDULE 1 (Form 1040) Additional Income and Adjustments to Income |   |                        |         | 0  | 20 <b>21</b>                  |  |  |  |  |
|--------|--|---|------------------------|---------|----|-------------------------------|--|--|--|--|
|        | nent of the Treasury<br>Revenue Service                            | ► Attach to Form 1040, 1040-SR, or 1040-NR.  ► Go to www.irs.gov/Form1040 for instructions and the latest i | information.           |         | 1  | Attachment<br>Sequence No. 01 |  |  |  |  |
| _      |  | orm 1040, 1040-SR, or 1040-NR   |                        | Your so | _  | security number               |  |  |  |  |
| Par    | t I Additio  | onal Income   |                        |         |    |                               |  |  |  |  |
| 1      |  |   |                        |         |    |                               |  |  |  |  |
| 2a     | Alimony rec  |   |                        | 1       | 2a |                               |  |  |  |  |
| b      | Date of origi  | inal divorce or separation agreement (see instructions)   |                        | i       |    |                               |  |  |  |  |
| 3      | Business in  | come or (loss). Attach Schedule C   |                        |         | 3  |                               |  |  |  |  |
| 4      | Other gains  | or (losses). Attach Form 4797   |                        | [       | 4  |                               |  |  |  |  |
| 5      | Rental real<br>Schedule E  | estate, royalties, partnerships, S corporations, trust  | s, etc. A              | ttach   | 5  |                               |  |  |  |  |
| 6      | Farm incom   | ne or (loss). Attach Schedule F   |                        | [       | 6  |                               |  |  |  |  |
| 7      | Unemploym  | nent compensation   |                        | [       | 7  |                               |  |  |  |  |
| 8      | Other incom  | ne:   |                        |         |    |                               |  |  |  |  |
| а      | Net operatir   | ng loss   | a (                    | )       |    |                               |  |  |  |  |
| b      | Gambling in  | ncome   | )                      |         |    |                               |  |  |  |  |
| C      | Cancellation   | n of debt   | ;                      |         |    |                               |  |  |  |  |
| d      | Foreign ear  | ned income exclusion from Form 2555   | ) t                    | )       |    |                               |  |  |  |  |
| е      | Taxable Hea  | alth Savings Account distribution 86  | •                      |         |    |                               |  |  |  |  |
| f      | Alaska Pern  | nanent Fund dividends   | f                      |         |    |                               |  |  |  |  |
| g      | Jury duty pa   | ay  | 3                      |         |    |                               |  |  |  |  |
| h      | Prizes and a   | awards  | 1                      |         |    |                               |  |  |  |  |
| i      | Activity not   | engaged in for profit income  | i                      |         |    |                               |  |  |  |  |
| j      | Stock option   | —   | i                      |         |    |                               |  |  |  |  |
| k      |  | m the rental of personal property if you engaged in or profit but were not in the business of renting such  |                        |         |    |                               |  |  |  |  |
| - 1    | Olympic an   | Olympic and Paralympic medals and USOC prize money (see instructions)                                       |                        |         |    |                               |  |  |  |  |
| m      | Section 951  | (a) inclusion (see instructions) 8n   | n                      |         |    |                               |  |  |  |  |
| n      | Section 951  |   |                        |         |    |                               |  |  |  |  |
| 0      | Section 461  | (I) excess business loss adjustment   | )                      |         |    |                               |  |  |  |  |
| р      | Taxable dis  | tributions from an ABLE account (see instructions) .  | <b>)</b>               |         |    |                               |  |  |  |  |
| z      | Other incom  | ne. List type and amount ▶  | ,                      |         |    |                               |  |  |  |  |
| 9      | Total other  |   | 9                      |         |    |                               |  |  |  |  |
| 10     | Combine lin  | nes 1 through 7 and 9. Enter here and on Form 1040  | , 1040-SI              | R, or   |    |                               |  |  |  |  |
| For Po | 1040-NR, lir   | ne 8  |                        |         | 10 | ile 1 (Form 1040) 2021        |  |  |  |  |
| POT Pa | S  | chedu   | ile 1 (Form 1040) 2021 |         |    |                               |  |  |  |  |

#### 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

- 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<br>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<br>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<br>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/<br>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<br>(Form | DULE 1<br>1040)                        |           | Additional Income and Adjustments to Income   |     |        |
|---------------|--|-----------|---|-----|--------|
| Departm       | ent of the Treasury<br>Revenue Service |           | Attach to Form 1040, 1040-SR, or 1040-NR.   |     |        |
|               |  | rm 1040.  | ► Go to www.irs.gov/Form1040 for instructions and the latest information.  Sequence No. 01  Vour social security number |     |        |
|               |  |           |   |     |        |
| Par           | Additio                                | nal Inc   | ome   |     |        |
| 1             | Taxable refu                           | ınds, cre | dits, or offsets of state and local income taxes  |     |        |
| 2a            | Alimony rece                           | eived .   |   |     |        |
| b             | Date of origin                         | nal divor | ce or separation agreement (see instructions) ▶   |     |        |
| 3             | Business inc                           |           | (loss) Attach Schedule C 3  |     |        |
| 4             | Other gains                            | or (      | dule 1 (Form 1040) 2021   |     | Page 2 |
| 5             | Rental real                            | es        | Art II Adjustments to Income  | Т   |        |
| _             | Schedule E                             | 11        | Educator expenses   | 11  |        |
| 6             | Farm income                            |           | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106       | 12  |        |
| 7             | Unemploym                              | 13        | Health savings account deduction. Attach Form 8889  | 13  |        |
| 8             | Other incom                            | ie:       | Moving expenses for members of the Armed Forces. Attach Form 3903   | 14  |        |
| а             | Net operatin                           | ig k 14   | Deductible part of self-employment tax. Attach Schedule SE  | 15  |        |
| b             | Gambling in                            | COI       | Self-employed SEP, SIMPLE, and qualified plans  | 16  |        |
| С             | Cancellation                           | of 17     | Self-employed bealth insurance deduction  | 17  |        |
| d             | Foreign earn                           | ned ''    |   | 18  |        |
| е             | Taxable Hea                            | alth 19   | Penalty on early withdrawal of savings  | 19a |        |
| f             | Alaska Perm                            | ian       | a Alimony paid  | 198 |        |
| g             | Jury duty pa                           | iy        |   | -   | l      |
| h             | Prizes and a                           | wa 20     |   | 20  | 1      |
| i             | Activity not                           | eng       |   | 21  |        |
| j             | Stock option                           |           | Student loan interest deduction   | 22  |        |
| k             | Income from<br>the rental fo           | 1 u       | Archer MSA deduction  | 23  |        |
|               | property .                             | 23        | Other adjustments:  | 23  |        |
| - 1           | Olympic and                            | d B       | a Jury duty pay (see instructions)  |     | l      |
|               | instructions)                          |           | b Deductible expenses related to income reported on line 8k from  | -   | l      |
| m             | Section 951                            | (a)       | the rental of personal property engaged in for profit 24b   |     | l      |
| n             | Section 951                            | A(a       | Nontaxable amount of the value of Olympic and Paralympic  |     | l      |
| 0             | Section 461                            | (l) €     | medals and USOC prize money reported on line 8l   | -   | l      |
| р             | Taxable dist                           |           | d Reforestation amortization and expenses   | -   | l      |
| Z             | Other incom                            | e. I      | Repayment of supplemental unemployment benefits under the Trade Act of 1974   |     | l      |
| 9             | Total other is                         |           | Trade Act of 1974   | -   | l      |
| 10            | Combine lin                            |           | g Contributions by certain chaplains to section 403(b) plans  | -   | l      |
|               | 1040-NR, lin                           |           | h Attorney fees and court costs for actions involving certain   | _   | l      |
| For Pa        | perwork Reducti                        | on A      | unlawful discrimination claims (see instructions)   |     |        |
|               |  |           | 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                           |     | l      |
|               |  |           | Housing deduction from Form 2555  |     |        |
|               |  |           | k Excess deductions of section 67(e) expenses from Schedule K-1   |     |        |
|               |  |           | (Form 1041)   |     |        |
|               |  |           | Other adjustments. List type and amount ▶   |     |        |
|               |  | 25        | Total other adjustments. Add lines 24s through 24z  | 25  |        |
|               |  | 26        | Total other adjustments. Add lines 24a through 24z  |     |        |
|               |  | 20        | here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a  | 26  |        |
|               |  |           |   |     |        |

# 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<br>\$25/month for<br>each educator  | IRS Tax Form(s) & Location: | Schedule 1, line<br>11 |
| Other Document<br>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-<br>based government employees who have expenses<br>necessary for their job, including travel of more than 100<br>miles. |  |  |  |
|----------------------------|--|--|--|--|
| Max<br>Amount              | Variable IRS Tax Form(s) & Schedule 1, line 12 Location  |  |  |  |
| Other<br>Document<br>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<br>a health savings account while enrolled in a high-deductible<br>health plan.                                    |                                  |                        |
|----------------------------|---|----------------------------------|------------------------|
| Max<br>Amount              | Individual \$3650/year or<br>\$304.17/month<br>Family \$7300/year or \$608.33/month<br>Additional \$1,000/year contribution is<br>allowed if the individual is age 55 or<br>older | IRS Tax<br>Form(s) &<br>Location | Schedule 1,<br>line 13 |
| Other<br>Document<br>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<br>Amount              | Variable  | IRS Tax Form(s) & Location | Schedule 1, line 14 |
| Other<br>Document<br>Types | IRS tax form 3903.  |                            |                     |



# **Self-Employment Tax**

| Definition                 | Deduction for tax paid to the federal government to fund<br>Medicare and Social Security for self-employed individuals<br>who net more than \$400 per year, or employees of<br>churches or church organizations with income of more than<br>\$108.28 per year. |                            |                     |
|----------------------------|--|----------------------------|---------------------|
| Max<br>Amount              | Variable   | IRS Tax Form(s) & Location | Schedule 1, line 15 |
| Other<br>Document<br>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<br>Amount        | Variable IRS Tax Form(s) Schedule 1, 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<br>Amount        | Variable; limited to net profit of self-employment business                 | IRS Tax Form(s) & Location                 | Schedule 1,<br>line 17   |
| Other Document Types | Statement or receipts show<br>medical, dental, or qualifyin<br>coverage.    | ing premium paymog<br>g long-term care ins | ents made for<br>surance |



# 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<br>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<br>Amount              | Variable   | IRS Tax Form(s) & Location | Schedule 1, line 19a |
| Other<br>Document<br>Types | Court order with   | obligation amoun           | t.                   |



### **Pre-Tax Retirement Account**

| Definition                 | Deduction for contributions made to a pre-tax retirement account. Excludes Roth IRA or SIMPLE IRA contributions. |                                  |                        |
|----------------------------|--|----------------------------------|------------------------|
| Max<br>Amount              | Age 49 and below \$6,000/year or \$500/month.  Age 50 or older \$7,000/year or \$583.33/month.                   | IRS Tax<br>Form(s) &<br>Location | Schedule 1,<br>line 20 |
| Other<br>Document<br>Types | IRS Form W-2;<br>Wage stubs; or<br>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<br>Amount              | \$2500/year or \$208.33/month IRS Tax Form(s) Schedule 1, line 21 & Location   |  |  |  |
| Other<br>Document<br>Types | IRS Form 1098-E; or Statement from the lender showing interest amount paid.  |  |  |  |



# Resources

#### Resources

- MAGI Income Part 1
  - http://hca.wa.gov/free-or-low-cost-health-care/i-helpothers-apply-and-access-apple-health/income-part-1
- MAGI Income Part 2
  - https://www.hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/income-part-2
- HCA Training & Education
  - http://hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/stakeholder-training-and-education
- HCA Area Representatives
  - https://www.hca.wa.gov/assets/free-or-lowcost/area\_representatives.pdf
- 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.

