



EOHHS Drug Assistance Program

Mock MAGI Worksheet

Only for use with applicant's who have not filed a Tax Return for the most recent Tax Year

ALL Fields MUST be completed, or form will be considered incomplete.
Supporting documentation required if applicable

Name		Number of Legal Dependents Included in totals:	
Date of Birth / /		Did client file a Tax Return for the most recent Tax Year? Y / N	
SS# - - If you do not have a Social Security Number, enter 000-00-0000		(If yes, Tax Returns are required along with current income documents if applicable) <input type="checkbox"/> Check One <input type="checkbox"/>	
Types listed in ALL CAPS are not calculated in MAGI, but are required *For any income losses, enter negative \$ amount*			
Income Sources - Total Monthly \$ Amount for all Legal Household Members - * Supporting documentation required			
Wages, Salaries, tips, etc.	*	Pensions & Annuities (Veteran or Employer Based Pensions, Retirements, or Disability)	*
Taxable Interest		Rental real estate, partnerships, S Corporations, Trusts, ect.	
Tax Exempt Interest		Farm income or loss	
Ordinary Dividends		Unemployment Income	*
Taxable refund of State/Local Income Taxes		Retirement Income from Social Security (SSA)	*
Alimony/other Spousal Support Received	*	Disability Income from Social Security (SSDI)	*
Business Income/Loss		SUPPLEMENTAL INCOME FROM SOCIAL SECURITY (SSI)	Specialty Line A
Capital Gain/Loss		Other income (Jury Duty, Gambling Winnings)	*
Other Gains/Losses		CHILD SUPPORT RECEIVED, WORKERS COMP, MONETARY GIFTS	Specialty Line B
IRA Distributions - Taxable amount			
Total Column 1 \$		Total Column 2 \$	
Total Income		(Total #1 + Total #2)	
Non MAGI (Not calculated but, required) - Total Monthly \$ Amount for all Legal Household Members			
Educator Expenses		Penalty on Early Withdrawal of Savings	
Business Expenses		Alimony Paid	
Health Savings Account		IRA deduction	
Moving Expenses		Student Loan Interest Deduction	
Deductible Part of Self Employment Tax		Tuition and Fees	
Self Employed SEP, SIMPLE plans		Domestic Production Activities	
Self Employed Health Insurance Deduction			
Total Column 3 \$		Total Column 4 \$	
Total Non MAGI		(Total #3 + Total #4)	
Add Specialty Line A +		(SSI)	
Add Specialty Line B +		(Child Supp, Work Comp, etc.)	
NON MAGI SUBTOTAL		Total Non MAGI + Spec Line A + Spec Line B	
\$ - \$ = \$			
Total Income minus Non MAGI Subtotal equals FINAL MAGI			
Notes			

Client Signature

Date

Revised
1/1/2020