MAGI Worksheet

Only for use with applicants who have not filed a Tax Return for the most recent Tax Year

THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

COLUMBUS
PUBLIC HEALTH

*Income types listed in ALL CAPS are not calculated in MAGI, but are required fields
^For any income losses, enter negative $ amount

Client Name: _____   DOB: _____ / _____ / _____

Income Sources				
Total Monthly $ Amount for all Legal Household Members				
	COLUMN 1			**COLUMN 2**
Wages, Salaries, Tips, etc.		Pensions & Annuities (Veteran/Employer Based Pensions, Retirements, or Disability)		
Taxable Interest				
Tax Exempt Interest		Rental Real Estate, Partnerships, S Corporations, Trusts, etc.		
Ordinary Dividends		Farm Income or Loss^		
Taxable Refunds of State/Local Income Taxes		Unemployment Income		
Alimony or Other Spousal Support Received		Retirement Income from Social Security (SSA)		
Business Income/Loss^		Disability Income from Social Security (SSDI)		
Capital Gain/Loss^		SUPPLEMENTAL INCOME FROM SOCIAL SECURITY (SSI)*	**Specialty Line A**	
Other Gains/Losses^		Other Income (Jury Duty Pay, Gambling Winnings)		
IRA Distributions–Taxable Amount		CHILD SUPPORT RECEIVED, WORKERS COMP, MONETARY GIFTS*	**Specialty Line B**	
COLUMN 1 Total:	$ -	**COLUMN 2 Total:**	$ -	
TOTAL INCOME = *(COLUMN 1 Total + COLUMN 2 Total):*	**$0.00**			

Non-MAGI (Not calculated, but required)			
Total Monthly $ Amount for all Legal Household Members			
	COLUMN 3		**COLUMN 4**
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			
COLUMN 3 Total:	$ -	**COLUMN 4 Total:**	$ -
Total Adjustments *(COLUMN 3 Total + COLUMN 4 Total)*	**$0.00**		
Add Specialty Line A	**$0.00**		
Add Specialty Line B	**$0.00**		
NON-MAGI SUBTOTAL = *(Total Adjustments + Specialty Line A + Specialty Line B)*	**$0.00**		

Modified Adjusted Gross Income (MAGI)	
TOTAL INCOME – NON-MAGI SUBTOTAL =	**$0.00**

Notes:

Client Signature _____   Date _____

(Signature, Date and Supporting Documentation is also required)