



Minnesota Department of Human Services

Attachment A



MinnesotaCare Income Worksheet for Tax Year 2007

DATE	PW NUMBER	CASE NAME	CASE NUMBER	TAX YEAR USED
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A. Earned wages

Name of adult/child*	Source	Number of times paid per year	Income amounts				Average income	Annual amount
							=	
							=	
							=	
							=	
							=	
							=	
Total earned wages								

* Exclude the earned income of full or part time students under age 19. Count the earned income of children under age 19 who are not full or part time students.
For more information: see HCPM 20.05 – Excluded Income

B. Unearned income

Name of adult/child*	Type	Source	Number of times paid per year	Income amounts				Average income	Annual amount
								=	
								=	
								=	
								=	
								=	
								=	
Total unearned income									

* Count the non-excluded unearned income of all children. For more information: see HCPM 20.05 – Excluded Income

C. Income from self-employment

C. Income from self-employment			Calculation	Annual amount
1	Total Adjusted Gross Income		Form 1040, Line 37 or Form 1040A, Line 21 or Form 1040EZ, Line 4	
2	Subtract 1040 wages not associated with self-employment		Forms 1040/1040A, Line 7 or Form 1040EZ, Line 1	–
3	Subtract duplicate unearned income	Pensions and annuities ? REASON:	Form 1040, Line 16b or Form 1040A, Line 12b	–
		Alimony received ? REASON:	Form 1040, Line 11	–
		Unemployment compensation ? REASON:	Form 1040, Line 19 or Form 1040A, Line 13	–
		Social security benefits ? REASON:	Form 1040, Line 20b or Form 1040A, Line 14b	–
		Other		–

C. Income from self-employment (cont'd)					
4	Depreciation	<i>Name</i>	<i>% Ownership</i>	<i>Calculation</i>	<i>Annual amount</i>
5	Carry Forward Net Operating Loss			Form 1040, Line 21 (non-farm income only)	
6	Other				
Total adjustments to self-employment income					

New business income/Change in business income		Calculation			Annual amount
1	Gross Income				
2	Subtract old 1040 self-employment income	Form 1040, Line 7, 12, 14, 17, 18 or 21			–
3	Add new/changed self-employment income				
4	Expenses				–
5	Depreciation				
6	Carry Forward Loss				
ADULT THIS APPLIES TO		BUSINESS NAME	BUSINESS START DATE	VERIFICATION USED	Total new/changed self-employment income
