



Mock MAGI Worksheet - AutoCalculating

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

Income types listed in ALL CAPS are not calculated in MAGI, but are required fields

For any income losses, enter negative \$ amount

Client Name _____ SS# - - DOB / /

Income Sources			
Total Monthly \$ Amount for all Legal Household Members			
Wages, Salaries, tips, etc.		Pensions & Annuities (Veteran/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 refunds of State/Local Income Taxes		Retirement Income from Social Security (SSA)	
Alimony or 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 Pay, 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 Column #1 plus Total Column #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 1		Total Column 2	
Total Adjustments (Total Column #1 plus Total Column #2)			
Add Specialty Line A			
Add Specialty Line B			
(Total Adjustments+ Spec Line A+Spec Line B) = NON MAGI SUBTOTAL			
		Total Income minus Non MAGI Subtotal above	
Modified Adjusted Gross Income (MAGI)			
Notes			

Client Signature _____

Date _____

(Signature, Date and Supporting Documentation is also required)



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Client Name _____ SS# - - DOB / /

Income Sources			
Total Monthly \$ Amount for all Legal Household Members			
Wages, Salaries, tips, etc.		Pensions & Annuities (Veteran/Employer Based Pensions, Retirements, or Disability)	
Taxable Interest		Rental real estate, partnerships, S Corporations, Trusts, ect.	
Tax Exempt Interest		Farm income or loss	
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