

Combined Disposable Income Worksheet

As defined in RCW 84.36.383 (4) and (5) and WAC 458-16A-100 (6) and (12)

NOTE: If worksheet is not completed by applicant, the Assessor's Office shall calculate the disposable income and provide a copy with the approval/denial letter.

Income:

A. Yes No **Do you file a federal tax return?** If yes, enter your **(AGI) Adjusted Gross Income** from your federal tax return. Attach a complete copy of your return.

If yes, enter income amounts on lines B – K that were excluded or deducted from your AGI. If no, enter ALL gross income sources on lines B – K below.

B. Yes No **Do you have capital gains that were not reported in your AGI?** Do not add the gain from the sale of a primary residence if you used the entire gain to purchase a replacement residence in the same year. **Do not use losses to offset gains.**

C. Yes No **Do you have deductions for losses included in your AGI?** If yes, the losses must be added back to the extent they were used to offset/reduce income. (Ex: On Schedule D, you reported a (\$10,000) loss but the loss was limited to (\$3,000), shown on Line 13 of your Schedule 1. Add the (\$3,000) loss used to offset/reduce your income.) (Ex: You filed two Sch C's – one with a (\$10,000) loss and one with a \$5,000 net income. A net loss of (\$5,000) was reported on your Schedule 1, Line 12. Add back the (\$10,000) loss.)

D. Yes No **Did you deduct depreciation expense in your tax return?** If yes, that expense must be added back to the extent the expense was used to reduce your income. (Ex: Net loss reported: If you deducted depreciation as a business and/or rental expense that resulted in a loss, recalculate the net income/loss without the depreciation expense. If there is still a net loss enter -0- here, if there is net income enter the net income here.)

E. Yes No **Do you have nontaxable dividend or interest income, or, income from these sources that was not included in your AGI?** If yes, add that income here. Include non-taxable interest on state and municipal bonds.

F. Yes No **Do you have pension, annuity or IRA income, or, income from these sources that was not included in your AGI?** If yes, report the amounts here. (Ex: You received \$10,000 in distributions. The taxable amount was \$6,000. Report the nontaxable \$4,000 here.) Do not include non-taxable IRA distributions.

G. Yes No **Do you receive military pay and benefits that is nontaxable, or, income from these sources that was not included in your AGI?** If yes, report that income here, (CRSC, CRDP, SBP Costs). Do not include attendant-care and medical-aid payments.

H. Yes No **Do you receive veterans pay and benefits from the Department of Veterans Affairs that is nontaxable?** If yes, report that income here. **If the benefit is for attendant-care/medical-aid payments, service-connected disability compensation, or dependency & indemnity (DIC) compensation – report here \$_____.**

I. Yes No **Do you receive Social Security or Railroad Retirement Benefits, or, income from these sources that was not included in your AGI?** If yes, report that income here. (Ex: Your gross Social Security benefit was \$10,000 and \$4,000 was included in AGI as the taxable amount, report the non-taxable \$6,000 here.)

J. Yes No **Do you receive income from business, rental, or farming activities (IRS Schedules C, E, or F) that was not reported on a tax return?** Report that income here. You can deduct normal expenses, except depreciation expense, but **do not use losses to offset income.**

K. Yes No **Do you receive any Other Income not included in the amounts listed above?** Give source, type, and amount. _____

Subtotal Income:

\$

Do you have any of the following Allowable Deductions?

L. Yes No **Nursing Home, Boarding Home, or Adult Family Home costs.**

M. Yes No **In-Home Care expenses.** See instructions for qualifying expenses.

N. Yes No **Prescription Drug costs ONLY.**

O. Yes No **Medicare Insurance Premiums ONLY (Parts B, C, and D).** Cannot deduct for supplemental/Medigap, long-term care, or other types of insurance premiums.

P. Yes No **Enter -0- here if you filed a return with IRS and entered an amount on Line A above.** If you did not file a return with IRS and you had expenses normally allowed by IRS as deductions to AGI, enter those deductions here. See instructions.

Subtotal Allowable Deductions:

\$

Total Combined Disposable Income:

\$

County Use Only: _____

Income Year

County Use Worksheet

\$\$\$ Amount

	Income Year	County Use Worksheet
County Use Only: _____		