**\* Use for tax years 2021 and before only. \***

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| **Combined Disposable Income Worksheet** | | | | **20** | **County Use** |
| **As defined in RCW 84.36.383 and WAC 458-16A-100** | | | | **Income Year** | **Checklist** |
| **IMPORTANT: PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.** | | | |  |  |
| **Income:** | | | | **$$ Amount** | IRS Tax Return |
| A.  **Yes  No** **Did you file a federal tax return?** If yes, enter your Adjusted Gross Income (AGI) from your federal tax return and attach a complete copy of your return. If no, enter 0. | | | |  | 1040  1040-A or EZ |
| B.  **Yes  No**  **Did you have capital gains that were not reported on your tax return?** Do not add the gain from the sale of a primary residence if you used the entire gain to purchase a replacement residence within the same year. **Do not use losses to offset gains.** | | | |  | Sch D  Form 4797 or 6252  Other |
| C.  **Yes  No** **Did you have deductions for losses included in your tax return?** 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 Sch 1, Line 13 of your 1040. 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 1040, Sch 1, Line 12. Add back the ($10,000) loss.) | | | |  | Sch C  Sch D  Sch E  Sch F  Other |
| 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.) | | | |  | Sch C  Sch E  Sch F  Sch K-1  Other |
| E.  **Yes  No**  **Did you have nontaxable dividend or interest income, OR, income from these sources that was not reported on your tax return?** If yes, add that income here. Include non-taxable interest on state and municipal bonds. | | | |  | Bank Statements  1099’s  Other |
| F.  **Yes  No** **Did you have nontaxable pension and annuity income, OR, income from these sources that was not reported on your tax return?** If yes, report the amounts here. (Ex: You received $10,000 in pensions and annuities. The taxable amount was $6,000. Report the nontaxable $4,000 here.) Do not include non-taxable IRA distributions. | | | |  | 1099’s  Other |
| G.  **Yes  No** **Did you receive military pay and benefits that were nontaxable, OR, income from these sources that was not reported on your tax return?** If yes, report that income here, including **CRSC**. Do not include attendant-care and medical-aid payments. | | | |  | DFAS Statement  1099’s  Other |
| H.  **Yes  No** **Did you receive** **veterans pay and benefits from the Department of Veterans Affairs that was nontaxable, OR, that was not reported on your tax return?** If yes, report that income here. Do not include attendant-care and medical-aid payments, disability compensation, or dependency and indemnity compensation paid by DVA. | | | |  | VA Statement  1099’s  Other |
| I.  **Yes  No**  **Did you receive nontaxable** **Social Security or Railroad Retirement Benefits?** 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 $6,000 here.) | | | |  | SS Statement  RRB Statement |
| J.  **Yes  No** **Did you receive income from business, rental, or farming activities (IRS Schedules C, E, or F) that was not reported on your tax return?** Report that income here. You can deduct normal expenses, except depreciation expense, but **do not use losses to offset income.** | | | |  | Sch C  Sch E  Sch F  Other |
| K.  **Yes  No** **Did you receive Other Income that is not included in the amounts on** | | | |  | Other  Other |
| **Lines A - J?** Give source, type, and amount. | |  |  |  |  |
| **Subtotal Income:** | | | | **$** |  |
| **Did you have any of the following Allowable Deductions?** | | | |  |  |
| L.  **Yes  No**  **Nursing Home, Boarding Home, or Adult Family Home costs.** | | | |  | Other |
| M.  **Yes  No** **In-Home Care expenses.** See instructions for qualifying expenses. | | | |  | Other |
| N.  **Yes  No** **Prescription Drug costs.** | | | |  | Printout/Receipt |
| O.  **Yes  No**  **Medicare Insurance Premiums under Title XVIII of the Social Security Act (Parts B, C, and D).** Currently, there is no allowable deduction for supplemental, long-term care, or other types of insurance premiums. | | | |  | SS Statement  Other |
| P.  **Yes  No** **Enter -0- here if you filed a return with IRS and entered an amount on Line A.** If you did not file a return with IRS and you had expenses normally allowed by IRS as adjustments to gross income, enter those deductions here. Allowable adjustments include alimony you paid, tuition, moving expenses, and others. See the instructions. | | | |  |  |
| **Subtotal Allowable Deductions:** | | | | **$** |  |
|  | **Total Combined Disposable Income:** | | | **$** |  |
| **County Use Only:** |  | | | | |
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