Income Worksheet for Consumers

You can use this worksheet to identify the documents needed to verify the annual household income you entered on your application. You don't need to submit this worksheet when you upload or mail your documents. However, the Marketplace may be able to verify your income and process your application faster if you include this worksheet when you upload or mail your documents.

If you enroll in coverage and your expected income or household information changes, like if you get a job, have a baby, marry or divorce, or get a new offer of health coverage – you should update your Marketplace application as soon as possible. Income changes during the year may affect your eligibility for Marketplace or Medicaid coverage, financial help for Marketplace coverage, and your federal income tax.

Household Information

Name of Primary Household Contact:	Names of Others the Household:	s in
State:	Phone Number:	
Application ID:*	Today's Date:	

^{*}Find your application ID on your eligibility notice.

Your household's expected income

Use the table below to add up the 2017 income expected for each member of your household.

Column 1: List each household member who gets income. If someone gets more than one type of income, this person will be listed more than once. Use a separate sheet of paper to add more rows if needed.

Column 2: Write each type of income this person will get in 2017 on separate rows, like from a job, investment income, Social Security benefits, or self-employment. Visit **HealthCare.gov/income-and-household-information/income** for a complete list.

Column 3: Make a note of the type of document you'll upload or mail to verify the income, like a pay stub, retirement document, or tax return. Be sure you have a document to verify each type of income you include on this table. This notice includes a complete list of documents you can provide. These documents should be consistent with the income information on your Marketplace application. If it isn't, provide an explanation under "More information about your income" below.

Column 4: Write the gross income amount shown on your document. Gross income is the amount of income before taxes and deductions are taken out.

Column 5: Note how often during the year this person gets this income amount, like weekly (\$ x 52), twice a month (\$ x 24), every 2 weeks (\$ x 26), monthly (\$ x 12), quarterly (\$ x 4), yearly or 1 time only (\$ x 1).

Column 6: MMultiply the gross income in Column 4 by how often this person gets the income during the year.

Expected total household income: After you enter all income from each household member, add all of the "Annual totals" in Column 6 to get your expected total household income for 2017.

My household's expected income in 2017 on my Marketplace application: To find this number, log into your Marketplace account, select your 2017 application, and check your application summary. Your eligibility notice may also display this "yearly household income" amount.

1	2	3	4	5	6
Name of household member	Type of income	Document you'll send to verify this income	Gross income amount in document	How often does this person get this amount?	Annual Total
EXAMPLE: John Doe	Job income	Paystub	\$2,000	Every two weeks (26 times a year)	\$52,000 (\$2,000*26)
EXAMPLE: John Doe	Rental income	Rental agreement	\$1,000	Every month (12 times a year)	\$24,000 (\$1,000*12)
				\$	\$
				\$	\$
	\$				
My househol	\$				

Your household's income from self-employment

You can upload or mail a "Self-employment chart" to verify each type of income that a household member gets from self-employment. You'll also need to upload or mail documents to verify each income source from self-employment in 2017. This income should also be included in "Your household's expected income" above. To learn more, visit HealthCare.gov/self-employed/income/.

Self-employment chart

Please submit a separate chart for each household member who's self-employed.

Column 1: List the household member who gets self-employment income. If someone gets self-employment income from more than once source, this person will be listed more than once. Use a separate sheet of paper to add more rows if needed.

Column 2: Write the name of the business or type of work providing self-employment income.

Column 3: Report this person's gross self-employment income for each month (on average).

Column 4: Report this person's self-employment-related expenses for each month (on average).

Column 5: Report this person's average **net** self-employment income for each month. This is the amount of income left **after** you subtract any business expenses or losses from gross (total) income.

Column 6: Note the number of months each year this person gets this income.

Column 7: Enter this person's total expected 2017 income from that self-employment. (Multiply the monthly average net income in Column 3 by the number of months that this person gets the income.)

After you enter all self-employment income for each household member, add all of the "Annual Totals" in Column 7 to get your expected total household income from self-employment for 2017.

1	2	3	4	5	6	7
Name of household member	Self- employment business name/type of work	Gross income each month (average)	Expenses each month (average)	Monthly average net income (average)	# of months each year you get this income	Annual total
EXAMPLE: John Doe	Real Estate			\$1,000	12	\$12,000
				\$	\$	
				\$	\$	
Expected total household income from self-employment \$						

More information about your income Print or type any additional information about your income that's not included above.