



Self-Employment

Time: 10:00am – 11:30am
Dial-In Number: 1-855-897-5763
Conference ID: 7935188

Today's Webinar

- Dial in to listen to the audio portion of the webinar using the audio instructions on your Webex control panel.
- All participants will remain muted for the duration of the program.
- Questions can be submitted using the Q&A function on your Webex control panel; we will pause periodically to take questions.
- A recording of the webinar and any related materials will be available online and emailed to all registrants.

How to Select a Health Plan



Here's what you said:

- More than 95% said “this webinar increased my knowledge of the topic”.
- More than 95% said “the information will allow me to better assist consumers in choosing a QHP”.

“Please keep doing these kind of trainings, they are very helpful”

“Continue featuring expert and great facilitators.”

“What was unclear became clearer with this webinar.”

“I am really looking forward to the Essential Plans webinar.”

Presenters

- **Welcome**

Gabrielle Armenia *Bureau Director of Child Health Plus Policy & Exchange
Consumer Assistance*

- **Today's Panelists**

Erin Bacheldor Medical Assistance Specialist, Division of Eligibility and
Marketplace Integration

K. Pamela Lavillotti Project Manager, Bureau of Child Health Plus Policy &
Exchange Consumer Assistance

Amy Grabek Regional Director, Small Business Marketplace

Judith Layton Health Program Administrator 2, Bureau of Medicaid Enrollment and
Exchange Integration

Sara Oberst Eligibility Program Manager 2, Division of Eligibility and Marketplace
Integration

Sara Rothstein Director of Policy and Planning, NY State of Health

Agenda

- Who are the Self Employed
- Types of Self Employment
- How to Locate Self Employment on a Tax Return
- Where to Enter Self Employment Income in the Application
- Documentation Requirements

Who are the Self-Employed?

According to the IRS, a person is considered self-employed if any of the following apply:

- Carry on a trade or business as a sole proprietor or an independent contractor
- A member of a partnership or S corporation that carries on a trade or business
- Otherwise in business for themselves (including a part-time business)

What are the Sources of Self-Employment Income?

- Sole Proprietorship
 - Business
 - Farm
- Partnership
- S Corporation
- Rental Real Estate

Individual Marketplace versus Small Business Marketplace (SBM)

- As of 1/1/2014, Sole Proprietors without any employees are not eligible to participate in the SBM.
- As of 1/1/2014, Sole Proprietors with at least one eligible common law employee qualify as a small group and are eligible to enroll in the SBM (either the sole proprietor and/or his common law employee were eligible to enroll in SBM).
- What is changing as of 1/1/2016 is that *all* small groups (including those who are sole proprietors with common law employees, partnerships, s-corporations and any incorporated or unincorporated small groups) must have at least one common law employee **ENROLLED** in order to be considered a small group and eligible to participate in the SBM. That means, the small group must know that a common law employee will enroll, in order for his/her group (and the owner) to be eligible for coverage in the SBM.

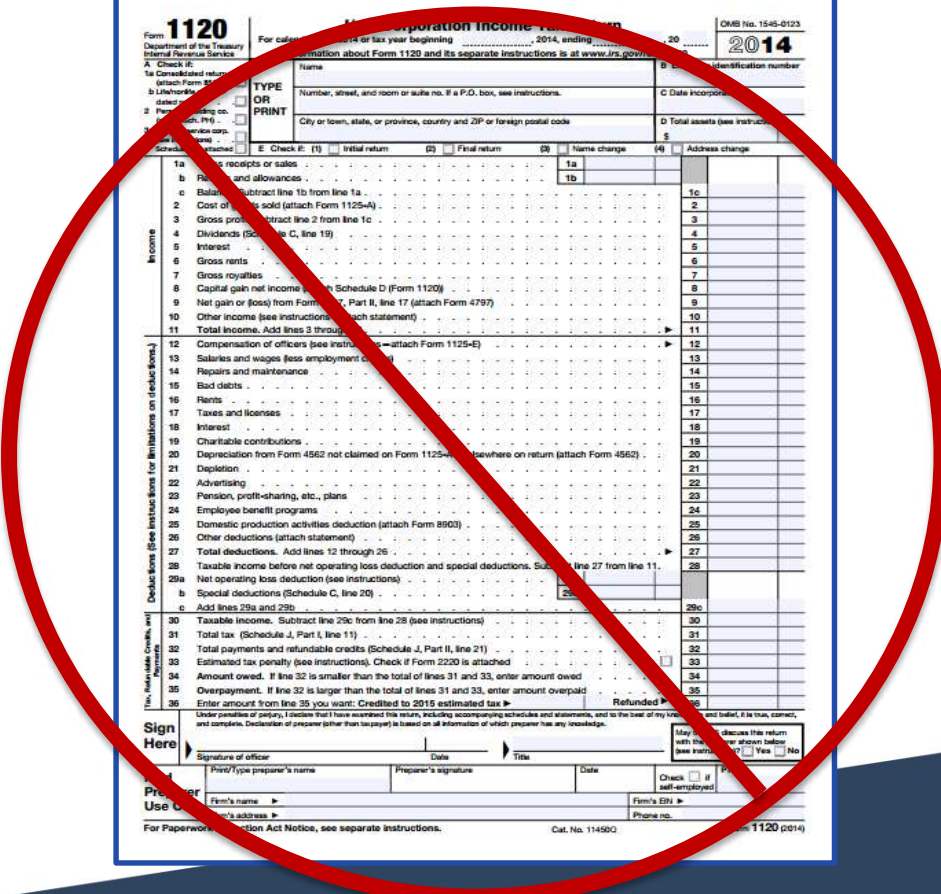
Common Law Employee

Individual Marketplace	SBM
Does not have at least one eligible common law employee enrolled.	Must have at least one enrolled common law employee to qualify as a small group and are eligible to enroll in the SBM.

Common Law Employee - A common law employee cannot be the owner or the spouse of the owner. The child of the sole proprietor or owner of a small group *could* be a common law employee provided he or she is actually employed by the business and works a minimum of 20 or more hours on average per week.

Who is Not Self-Employed?

- C-Corporation
Form 1120



1120 Corporation Income Tax Return
OMB No. 1545-0047

Form 1120 (2014) For calendar year 2014 or tax year beginning 2014, ending 2014

Department of the Treasury Internal Revenue Service

For information about Form 1120 and its separate instructions is at www.irs.gov

A Check if: Consolidated return (attach Form 990) TYPE OR PRINT **B** Identification number

1 Name

2 Number, street, and room or suite no. If a P.O. box, see instructions.

3 City or town, state, or province, country and ZIP or foreign postal code

C Date incorporated

D Total assets (see instructions)

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

1a Gross receipts or sales

1b Returns and allowances

2 Cost of goods sold (attach Form 1125-A)

3 Gross profit (subtract line 2 from line 1c)

4 Dividends (Schedule C, line 19)

5 Interest

6 Gross rents

7 Gross royalties

8 Capital gain net income (attach Schedule D (Form 1120))

9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)

10 Other income (see instructions) (attach statement)

11 Total income. Add lines 3 through 10

12 Compensation of officers (see instructions) (attach Form 1125-E)

13 Salaries and wages (less employment taxes)

14 Repairs and maintenance

15 Bad debts

16 Rents

17 Taxes and licenses

18 Interest

19 Charitable contributions

20 Depreciation from Form 4562 not claimed on Form 1125-A elsewhere on return (attach Form 4562)

21 Depletion

22 Advertising

23 Pension, profit-sharing, etc., plans

24 Employee benefit programs

25 Domestic production activities deduction (attach Form 8903)

26 Other deductions (attach statement)

27 Total deductions. Add lines 12 through 26

28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.

29a Net operating loss deduction (see instructions)

29b Special deductions (Schedule C, line 20)

29c Add lines 29a and 29b

30 Taxable income. Subtract line 29c from line 28 (see instructions)

31 Total tax (Schedule J, Part I, line 11)

32 Total payments and refundable credits (Schedule J, Part II, line 21)

33 Estimated tax penalty (see instructions). Check if Form 2220 is attached

34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed

35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid

36 Enter amount from line 35 you want: Credited to 2015 estimated tax Refunded

Sign Here

Signature of officer _____ Date _____ Title _____

Signature of preparer _____ Date _____ Title _____

Preparer's name _____

Firm's name _____

Firm's address _____

Firm's EIN _____

Phone no. _____

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 114560 Form 1120 (2014)

How is Self-Employment Income Reported?

- Income is reported on an individual's tax return Form 1040
 - All business expenses allowed by the IRS are allowed for MAGI eligibility determinations
 - Additional IRS deductions are also allowed

Form **1040**

Department of the Treasury—Internal Revenue Service (999)
U.S. Individual Income Tax Return

2014

OMB No. 1545-0047

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning

2014, ending

20

See separate instructions.

Your first name and initial

Last name

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking

Foreign country name

Foreign postal code

Foreign state

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7
8a	Taxable interest. Attach Schedule B if required			8a
b	Tax-exempt interest. Do not include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required			9a
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes			10
11	Alimony received			11
12	Business income or (loss). Attach Schedule C or C-EZ			12
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>			13
14	Other gains or (losses). Attach Form 4797			14
15a	IRA distributions	15a		15b
			b Taxable amount	
16	Pensions and annuities	16a		16b
			b Taxable amount	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17
18	Farm income or (loss). Attach Schedule F			18
19	Unemployment compensation			19
20a	Social security benefits	20a		20b
			b Taxable amount	
21	Other income. List type and amount			21
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income			22

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35			36
37	Subtract line 36 from line 22. This is your adjusted gross income			37



Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7
11	Alimony received	11
12	Business income or (loss). Attach Schedule C or C-EZ	12

How is Income from a Sole Proprietorship Reported?

If you get see

12	Business income or (loss). Attach Schedule C or C-EZ	12
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17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
18	Farm income or (loss). Attach Schedule F	18

18	Farm income or (loss). Attach Schedule F	18
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Adjusted Gross Income

23	Educator expenses	23
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
25	Health savings account deduction. Attach Form 8889	25
26	Moving expenses. Attach Form 3903	26
27	Deductible part of self-employment tax. Attach Schedule SE	27
28	Self-employed SEP, SIMPLE, and qualified plans	28
29	Self-employed health insurance deduction	29
30	Penalty on early withdrawal of savings	30
31a	Alimony paid b Recipient's SSN ▶	31a
32	IRA deduction	32
33	Student loan interest deduction	33
34	Tuition and fees. Attach Form 8917	34
35	Domestic production activities deduction. Attach Form 8903	35
36	Add lines 23 through 35	36

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7
	8a	Taxable interest. Attach Schedule B if required.	8a
	9a		9a
	10		10
	11		11
	12		12
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13
	14	Other gains or (losses). Attach Form 4797	14
	15a	IRA distributions	15b
	16a	Pensions and annuities	16b
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17

How is Income from a Partnership Reported?

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17

Adjusted Gross Income	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22
	23	Educator expenses	23
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
	25	Health savings account deduction. Attach Form 8889	25
	26	Moving expenses. Attach Form 3903	26
	27	Deductible part of self-employment tax. Attach Schedule SE	27
	28	Self-employed SEP, SIMPLE, and qualified plans	28
	29	Self-employed health insurance deduction	29
	30	Penalty on early withdrawal of savings	30
	31a	Alimony paid b Recipient's SSN	31a
	32	IRA deduction	32
	33	Student loan interest deduction	33
	34	Tuition and fees. Attach Form 8917	34
	35	Domestic production activities deduction. Attach Form 8903	35
	36	Add lines 23 through 35	36
	37	Subtract line 36 from line 22. This is your adjusted gross income	37

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

How is Income from an S-Corporation Reported?

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7
8a	Taxable interest. Attach Schedule B if required	8a
b		
9a		9a
b		
10		10
11		11
12	Business income or (loss). Attach Schedule C or C-EZ	12
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13
14	Other gains or (losses). Attach Form 4797	14
15a	IRA distributions	15b
16a	Pensions and annuities	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17

Adjusted Gross Income

22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22
23	Educator expenses	23
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
25	Health savings account deduction. Attach Form 8889	25
26	Moving expenses. Attach Form 3903	26
27	Deductible part of self-employment tax. Attach Schedule SE	27
28	Self-employed SEP, SIMPLE, and qualified plans	28
29	Self-employed health insurance deduction	29
30	Penalty on early withdrawal of savings	30
31a	Alimony paid b Recipient's SSN	31a
32	IRA deduction	32
33	Student loan interest deduction	33
34	Tuition and fees. Attach Form 8917	34
35	Domestic production activities deduction. Attach Form 8903	35
36	Add lines 23 through 35	36

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7
8a	How is Income from Rental Real Estate Reported?	
b		
9a		
b		
10		
11	Alimony received	11
12	Business income or (loss). Attach Schedule C or C-EZ	12

If you get see

12	Business income or (loss). Attach Schedule C or C-EZ	12
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17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
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17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
----	---	----

22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22
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Adjusted Gross Income

23	Educator expenses	23
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
25	Health savings account deduction. Attach Form 8889	25
26	Moving expenses. Attach Form 3903	26
27	Deductible part of self-employment tax. Attach Schedule SE	27
28	Self-employed SEP, SIMPLE, and qualified plans	28
29	Self-employed health insurance deduction	29
30	Penalty on early withdrawal of savings	30
31a	Alimony paid b Recipient's SSN	31a
32	IRA deduction	32
33	Student loan interest deduction	33
34	Tuition and fees. Attach Form 8917	34
35	Domestic production activities deduction. Attach Form 8903	35
36	Add lines 23 through 35	36

To Summarize: Where is Self-Employment Income Reported on the Form 1040?

12 Business income or (loss). Attach Schedule C or C-EZ

12

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

18	Farm income or (loss). Attach Schedule F	18
19	Unemployment compensation	19
20a	Social security benefits	20a
	b Taxable amount	20b
21	Other income. List type and amount	21
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22

23	Educator expenses	23
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
25	Health savings account deduction. Attach Form 8889	25

Adjusted Gross Income

was withheld.

If you did not get a W-2, see instructions.

12	Business income or (loss). Attach Schedule C or C-EZ				12
13					
14					
15a					
16a					
17					
18	Farm income or (loss). Attach Schedule F				18
19	Unemployment compensation				19
20a	Social security benefits	20a		b Taxable amount	20b

To Summarize: Where are Self-Employment Deductions Reported on the Form 1040?

27 Deductible part of self-employment tax. Attach Schedule SE 27

Adjusted Gross Income

24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24			
25	Health savings account deduction. Attach Form 8889	25			

28 Self-employed SEP, SIMPLE, and qualified plans 28

29	Self-employed health insurance deduction	29			
30	Penalty on early withdrawal of savings	30			

29 Self-employed health insurance deduction 29

34	Tuition and fees. Attach Form 8917	34			
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37 Subtract line 36 from line 22. This is your adjusted gross income 37

Poll Question #1

1. True or False? Bob is a Sole-Proprietor. He has 3 full time employees, but none of them are planning to enroll through Bob's company on the SBM. Bob may enroll in the Individual Marketplace and get coverage for himself and his family.

- A. True
- B. False



Questions?




Your Income Information

Tell us about your expected yearly income for the upcoming year.

Beatrice Williams (Filing Single)

Do you expect Beatrice Williams yearly income for 2015 to be the same as what was reported on his/her 2013 federal income tax return? *

- Yes
 No
 I don't know

What do you expect Beatrice Williams's yearly income will be in 2015?* 

Beatrice Williams

\$

I don't know

Back



- Remember, this question applies to all income received by tax filing household.
 - Form 1040, line 37 – Adjusted Gross Income (AGI)

- Applicants may hesitate with this question.
- Changes can't always be predicted.
- If the applicant doesn't expect any significant changes then they should assume it will be the same.
- Reassure the applicant that they can (and must) report a change in the future.

Your Income Information

Tell us about your expected yearly income for the upcoming year.

Beatrice Williams (Filing Single)

Do you expect Beatrice Williams yearly income for 2015 to be the same as what was reported on his/her 2013 federal income tax return? *

- Yes
- No
- I don't know

What do you expect Beatrice Williams's yearly income will be in 2015?* ⓘ

Beatrice Williams

\$ \$30,000

I don't know

Back


- If the answer is “Yes” and expected yearly income for coverage year is found to be reasonably compatible with federal and state data sources, no further income information will be required.
 - Income verification process is complete.

You will know that the data was found reasonably compatible because you will be moved to the “Other Information” section of the application.

ACCOUNT INFORMATION
Contact Information
My Dashboard
BUILD HOUSEHOLD
Household Members
Relationships
Residential Address
Household Summary
Public MEC
INCOME INFORMATION
Tax Filing Status
Income Details
Income Summary
OTHER INFORMATION
APPLICATION SUMMARY
FIND A PLAN

Coverage Beatrice Has

This information is needed to determine if you can get help to pay for all or some of your health insurance premiums:

Is Latnius enrolled in health care coverage now? Select yes even if the coverage is from someone else's job, such as a parent or spouse. Select no if you are currently enrolled in Medicare, Medicaid, Child Health Plus, Family Health Plus, Tricare, Veteran's Health Care Program, or the Peace Corps. 

Yes No

Title II Income from Social Security

- A new question has been added to the application directly under the 1st question “Do you expect your income in [year] to be the same as what was reported on your [previous year] federal income tax return.”
- If the consumer checks “yes” they will need to build their income even if their attested annual income is reasonably compatible with state and federal data sources.
- NY State of health has been updated to no longer count Title II income when it should be disregarded per MAGI rules.



Does anyone in your household receive Title II income from Social Security ?* ⓘ

Yes

No

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Your Income Information

Tell us about your expected yearly income for the upcoming year.

Beatrice Williams (Filing Single)

Do you expect Beatrice Williams yearly income for 2015 to be the same as what was reported on his/her 2013 federal income tax return? *

- Yes
- No
- I don't know

What do you expect Beatrice Williams's yearly income will be in 2015?* ⓘ

Beatrice Williams

\$ \$30,000

I don't know

Back

- If the answer is “Yes” and expected yearly income for the coverage year is **not** found to be reasonably compatible with federal and state data sources....
OR
- If the answer is “No”
OR
- If the answer is “I don’t know”

NY State of Health will ask the consumer to build their income.

<ul style="list-style-type: none"> ✓ ACCOUNT INFORMATION ✓ Contact Information ✓ My Dashboard ✓ BUILD HOUSEHOLD ✓ Household Members ✓ Relationships ✓ Residential Address ✓ Household Summary ✓ Public MEC 	<h2>Income From a Job</h2> <p>We checked state, federal and other data sources for any income you and your family may have received this year. The Marketplace will use this information to verify what you tell us about your income.</p> <p>Click on Add Income Source to add a job that is not listed below. Click on Edit Income to tell us how much you receive from this job. Click on Remove Income to delete this income source.</p> <p>You may see information listed about your current or previous employer. Click on Never Worked Here, if you never worked at the job shown below. Click on No Longer Working Here if you will not be working at this job in the future.</p> <p>If you do not have any income from a job, check the box next to your name.</p>
---	--

Self-Employed consumers have 2 options when building their income.

1. Enter Self-Employment income under “Income from a Job”

Beatrice Williams + Add Income Source

Beatrice will have no earned income in 2015. [Click here](#) to add income for Beatrice. *

2. Enter Self-Employment Income under “Additional Income”

Beatrice Williams + Add Additional Income

Beatrice will have no Additional income in 2015. [Click here](#) to add additional income for Beatrice . *

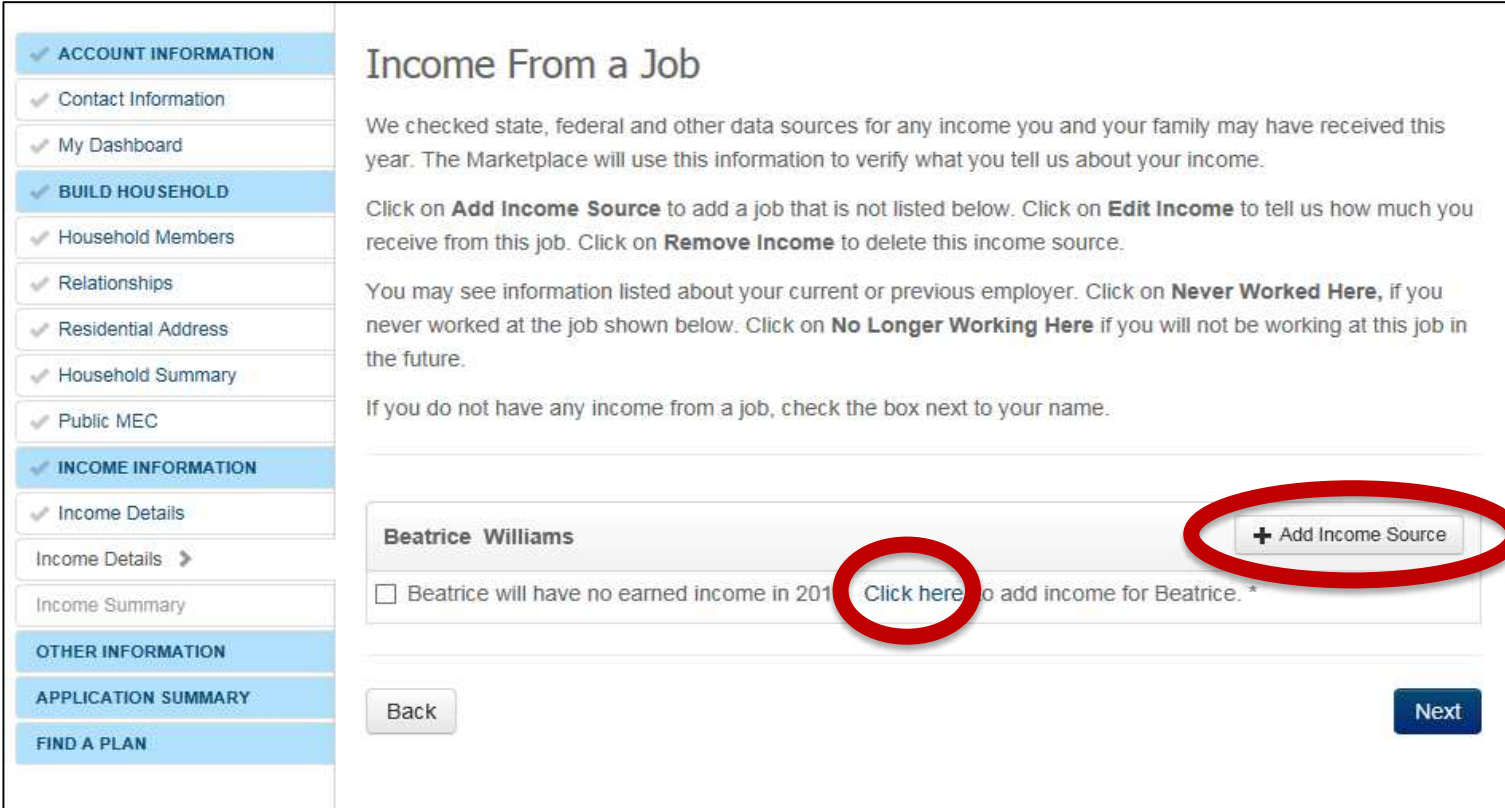
Beatrice Williams

Self Employed - Owns Beatrice's Best Cleaning

- New Business
- Sole Proprietor
- Needs to build income



Use either “Click here” or “Add Income Source” to enter Self-Employment Income under “Income from a Job”



Income From a Job

We checked state, federal and other data sources for any income you and your family may have received this year. The Marketplace will use this information to verify what you tell us about your income.

Click on **Add Income Source** to add a job that is not listed below. Click on **Edit Income** to tell us how much you receive from this job. Click on **Remove Income** to delete this income source.

You may see information listed about your current or previous employer. Click on **Never Worked Here**, if you never worked at the job shown below. Click on **No Longer Working Here** if you will not be working at this job in the future.

If you do not have any income from a job, check the box next to your name.

Name	Income Source
Beatrice Williams	<input type="checkbox"/> Click here to add income for Beatrice. *

Buttons: Back, Next

Add Job / 1099 Income

Step 1. Employer Details > Step 2. Add Income

Employer / Company Name *

Beatrice's Best Cleaning



Self employed

D/B/A Name

Employer DBA Name

Employer / Business Address

Address Line 1 *

100 Broadway

Address Line 2

City *

Albany

ZIP Code *

12203

State *

NEW YORK



Close

Next

Edit Job / 1099 Income

Step 1. Employer Details > Step 2. Add Income

Beatrice's Best Cleaning
100 Broadway,
Albany NY, 12203

Tell us your expected self-employment income. You can enter **either** the past three months of actual business/expenses from this year, **or** the estimated income/expenses for the next three months. We ask for three months of information because you may not earn the same amount each month. It is also more accurate to collect three months of information.

If three months of business income/expenses do not accurately reflect your annual income, you may enter your self-employment income as income from a job and select your income frequency as Inconsistent/Seasonal.

Edit Job / 1099 Income

Step 1. Employer Details > Step 2. Add Income

Business Income (Last Three Months)	Month 1	Month 2	Month 3
	06 / 2015	07 / 2015	08 / 2015
Gross Sales	\$2,750	\$2,850	\$2,650
Rents Received	\$0	\$0	\$0
Royalties Received	\$0	\$0	\$0
Inventory Purchases	\$0	\$0	\$0
Gross Income	\$2,750	\$2,850	\$2,650
Business Expenses ⓘ	06/2015	07/2015	08/2015
<input type="button" value="➕ Add Another Expense"/>			
Total Business Expenses	\$0.00	\$0.00	\$0.00
Average Net Income			\$33,000

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Edit Job / 1099 Income

Step 1. Employer Details > Step 2. Add Income

Business Income (Last Three Months)	Month 1	Month 2	Month 3
	06 / 2015	07 / 2015	08 / 2015
Gross Sales	\$2,750		
Rents Received	\$0		
Royalties Received	\$0		
Inventory Purchases	\$0		
Gross Income	\$2,750		
Business Expenses ⓘ	06/2015	07/2015	08/2015
<input type="button" value="➕ Add Another Expense"/>			
Total Business Expenses	\$0.00	\$0.00	\$0.00
Average Net Income			\$33,000

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Next

Edit Job / 1099 Income

	Month 2 07 / 2015	Month 3 08 / 2015
Office expenses	\$2,550	\$2,650
Telephone	\$0	\$0
Supplies	\$0	\$0
Heat/Utilities	\$0	\$0
Advertising	\$0	\$0
Interest	\$0	\$0
Insurance	\$0	\$0
Bank Charges	\$0	\$0
Repairs and Maintenance	\$2,550	\$2,650
Business Taxes and licenses		
Business Vehicle Expenses		
	07/2015	08/2015
Total Business Expenses	\$250	\$250
Average Net Income		\$30,000

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Next

Business Expenses

Bank Charges
Repairs and Maintenance
Business Taxes and licenses
Business Vehicle Expenses
Business Rental Property
Business travel, meals
Business Equipment Rental
Other Expenses(specify)
--Farm Expenses--
Chemicals
Conservation expenses
Custom hire
Feed
Fertilizers and lime
Freight and trucking
Gasoline, fuel, and oil
Labor hired (less employment credit)
Seeds and plants
Veterinary, breeding, and medicine
Other expenses (Specify)

- ✓ ACCOUNT INFORMATION
- ✓ Contact Information
- ✓ My Dashboard
- ✓ BUILD HOUSEHOLD
- ✓ Household Members
- ✓ Relationships
- ✓ Residential Address
- ✓ Household Summary
- ✓ Public MEC
- ✓ INCOME INFORMATION
- ✓ Income Details
- Income Details >
- Income Summary
- OTHER INFORMATION
- APPLICATION SUMMARY
- FIND A PLAN

Income From a Job

We checked state, federal and other data sources for any income you and your family may have received this year. The Marketplace will use this information to verify what you tell us about your income.

Click on **Add Income Source** to add a job that is not listed below. Click on **Edit Income** to tell us how much you receive from this job. Click on **Remove Income** to delete this income source.

You may see information listed about your current or previous employer. Click on **Never Worked Here**, if you never worked at the job shown below. Click on **No Longer Working Here** if you will not be working at this job in the future.

If you do not have any income from a job, check the box next to your name.

Beatrice Williams
+ Add Income Source

Employer	Income	Actions
Beatrice's Best Cleaning 100 Broadway, Albany NY, 12203	\$30,000	Remove Income Edit Income

Back
Next

NY State of Health will ask the consumer to build their income.

✓ ACCOUNT INFORMATION	Income From a Job
✓ Contact Information	
✓ My Dashboard	We checked state, federal and other data sources for any income you and your family may have received this year. The Marketplace will use this information to verify what you tell us about your income.
✓ BUILD HOUSEHOLD	Click on Add Income Source to add a job that is not listed below. Click on Edit Income to tell us how much you receive from this job. Click on Remove Income to delete this income source.
✓ Household Members	You may see information listed about your current or previous employer. Click on Never Worked Here , if you never worked at the job shown below. Click on No Longer Working Here if you will not be working at this job in the future.
✓ Relationships	
✓ Residential Address	
✓ Household Summary	
✓ Public MEC	If you do not have any income from a job, check the box next to your name.

Self-Employed consumers have 2 options when building their income.

1. Enter Self-Employment income under “Income from a Job”

Beatrice Williams + Add Income Source

Beatrice will have no earned income in 2015. [Click here](#) to add income for Beatrice. *

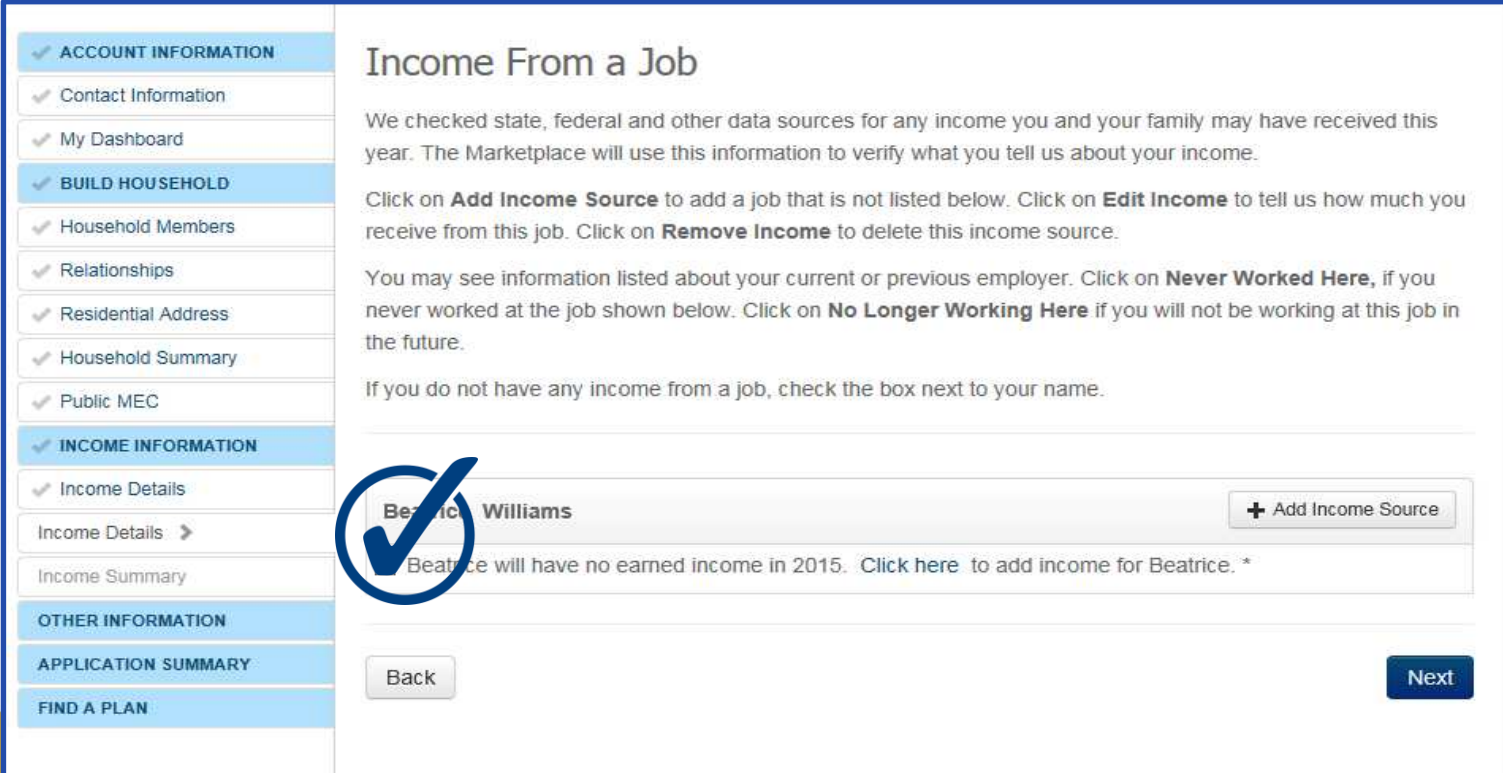
2. Enter Self-Employment Income under “Additional Income”

Beatrice Williams + Add Additional Income

Beatrice will have no Additional income in 2015. [Click here](#) to add additional income for Beatrice. *

In order to enter Self-Employment income as “Additional Income” you must get to the “Additional Income” screen.

- Since Beatrice does not have any additional employment she can check the box for “no earned income in 2015”.



Income From a Job

We checked state, federal and other data sources for any income you and your family may have received this year. The Marketplace will use this information to verify what you tell us about your income.

Click on **Add Income Source** to add a job that is not listed below. Click on **Edit Income** to tell us how much you receive from this job. Click on **Remove Income** to delete this income source.

You may see information listed about your current or previous employer. Click on **Never Worked Here**, if you never worked at the job shown below. Click on **No Longer Working Here** if you will not be working at this job in the future.

If you do not have any income from a job, check the box next to your name.

Name	no earned income in 2015	Actions
Beatrice Williams	<input checked="" type="checkbox"/>	+ Add Income Source
Beatrice will have no earned income in 2015. Click here to add income for Beatrice. *		

[Back](#) [Next](#)

In order to enter Self-Employment income as “Additional Income” you must get to the “Additional Income” screen.

- Income from a job (reviewed in previous slide)
- Unemployment Insurance Benefits
- Social Security Benefits

Income from Unemployment Insurance Benefits

We checked state and federal data sources for any income you and your family may have received this year. The Marketplace will use this information to verify what you tell us about your unemployment insurance benefits.

Click on **Add Benefits** if you will get benefits not listed below. Click on **Edit Benefits** to tell us how much you receive from this benefit. Click on **Remove Benefits** to delete this benefit.

If you do not receive any Unemployment Insurance Benefits, check the box next to your name.

Beatrice Williams

Sam: Beatrice will not receive unemployment insurance benefits in 2014. [Click here](#) to add unemployment benefits for Beatrice

Samantha will not receive unemployment insurance benefits in 2014. [Click here](#) to add unemployment benefits for Samantha. *

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Income from Social Security Benefits

We checked state and federal data sources for income you and your family may have received this year. The Marketplace will use this information to verify what you tell us about your Social Security Benefits. These benefits include Social Security Disability, Retirement (including income from Railroad Retirement), and Survivor's Benefits. You do not need to tell us about your Supplemental Security Income (SSI) benefits.

Click on **Add Benefits** if you will get benefits not listed below. Click on **Edit Benefits** to tell us the amount you receive from this benefit. Click on **Remove Benefits** to delete this benefit.

If you do not receive any income from the Social Security Administration, check the box by your name.

Beatrice Williams

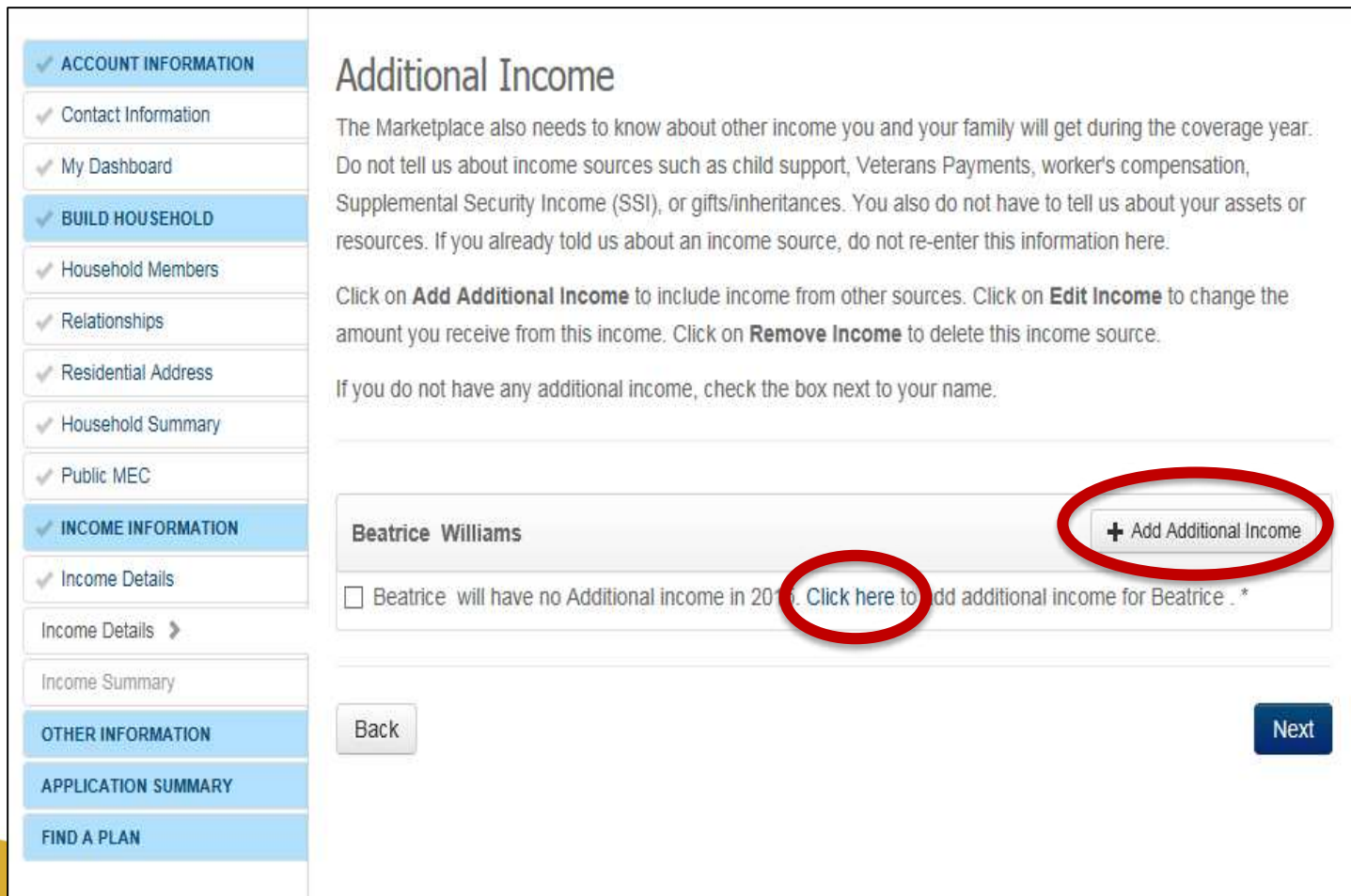
Sa Beatrice will not receive Social Security Benefits in 2014. [Click here](#) to add Social Security Benefits for Beatrice

Samantha will not receive Social Security Benefits in 2014. [Click here](#) to add Social Security Benefits for Samantha. *

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Next

Use either “Click here” or “Add Additional Income” to enter Self-Employment Income under “Additional Income”.



Additional Income

The Marketplace also needs to know about other income you and your family will get during the coverage year. Do not tell us about income sources such as child support, Veterans Payments, worker's compensation, Supplemental Security Income (SSI), or gifts/inheritances. You also do not have to tell us about your assets or resources. If you already told us about an income source, do not re-enter this information here.

Click on **Add Additional Income** to include income from other sources. Click on **Edit Income** to change the amount you receive from this income. Click on **Remove Income** to delete this income source.

If you do not have any additional income, check the box next to your name.

Beatrice Williams [+ Add Additional Income](#)

Beatrice will have no Additional income in 2016. [Click here](#) to add additional income for Beatrice . *

[Back](#) [Next](#)

Add / Edit Additional Income ✕

What type of income will this person be receiving? *

--Select Income Type--



How much do you get from this income source, before taxes? *

Amount

How Often?

per

--Select--



Close

Next

What are the Income Choices Specific to Self-Employment?

IRA Distributions (taxable amount only)	
Pensions & Annuities (total amount)	
Pensions & Annuities (taxable amount only)	
Alaska Permanent Fund Dividends	
Taxable refunds, credits, etc of state & local inc taxes	
Alimony Received	
Business Income	1040 Line 12
Other Gains	
Rental R-E, royalties, partnerships, S-Corps, trusts	1040 Line 17
Farm Income	1040 Line 18
Other income: (applicable only to the 1040 form)	
Net operating loss	
Stock Options	
Cancellation of debt	
Foreign Earned Income Exclusion (amt is excluded from income to arrive at total income for line 22)	
Gambling Income	
Other income	
Capital Loss	
Business Loss	1040 Line 12/Line 17/Line 18
Other Losses	

Add / Edit Additional Income

What type of income will this person be receiving? *

--Select Income Type--

- Taxable Interest
- Tax Exempt Interest
- Ordinary Dividends
- Qualified Dividends
- Capital Gain Distributions (applicable to 1040A only)
- Capital Gain
- IRA Distributions (total distributions)
- IRA Distributions (taxable amount only)
- Pensions & Annuities (total amount)
- Pensions & Annuities (taxable amount only)
- Alaska Permanent Fund Dividends
- Taxable refunds, credits, etc of state & local inc taxes
- Alimony Received
- Business Income**
- Other Gains
- Rental R-E, royalties, partnerships, S-Corps, trusts
- Farm Income
- Other Income: (applicable only to the 1040 form)
- Net operating loss
- Stock Options
- Cancellation of debt
- Foreign Earned Income Exclusion (amt is excluded from income to arrive at total income for line 22)
- Gambling Income
- Other income
- Capital Loss
- Business Loss
- Other Losses

Add / Edit Additional Income

What type of income will this person be receiving? *

Business Income

How much do you get from this income source, before taxes? *

Amount How Often?

\$30,500

per

--Select--

- Hourly
- Weekly
- Bi-weekly(Every two weeks)
- Twice a Month
- Monthly(Once a month)
- Quarterly(4x year)
- Annual (Once a year)**

Next

Use either “Click here” or “Add Deduction” to enter Deductions

Deductions

If you or your family members pay for certain things that can be deducted on a federal income tax return, telling us about them will help the Marketplace accurately determine you and your family's income.

Do not include deductions such as charitable contributions, home mortgage interest, property taxes, or child care expenses. You also should not enter a deduction that is already considered a cost or expense as part of your business. Only include deductions that are part of your adjusted gross income on the tax return. If you are expecting any capital losses in 2015, you can enter this amount as "Other Adjustments" in this section.

Click on **Add Deduction** to tell us if anyone pays for things like alimony, student loan interest, or any other deductions that will be taken on your tax return in the upcoming year. Click on **Edit Deduction** to change the amount that you will list as a deduction on your federal income tax return. Click on **Remove Deduction** to delete this deduction.

If you do not have any deductions, check the box next to your name.

Beatrice Williams

+ Add Deduction

Beatrice will not claim any deductions in 2015. [Click here](#) to add deductions for Beatrice. *

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Next

What are the Deductions Specific to Self-Employment?

- Educator expenses
- IRA deduction
- Student loan interest deduction
- Tuition & fees
- Certain business expenses (reservists, artists, f-B gov't offls)
- Health savings account deduction
- Moving expenses
- Deductible part of Self-Employment (S/E) tax
- S/E SEP, SIMPLE, & qualified plans
- S/E health insurance deduction
- Penalty on early withdrawal of savings
- Alimony paid
- Domestic production activities deduction
- Additional adjustments added on line 36 (1040 only)
- Archer MSA deduction
- Other adjustments

1040 Line 27
1040 Line 28
1040 Line 29

Special Instructions for entering “Business Loss”

- Assistors should help consumers to report a business loss in the “Deductions” section of the application as “Other adjustments”.

Add / Edit Deductions

What type of deduction will this person be claiming on their taxes in 2015? *

–Select Deduction Type–

- Educator expenses
- IRA deduction
- Student loan interest deduction
- Tuition & fees
- Certain business expenses (reservists, artists, f-B gov, etc)
- Health savings account deduction
- Moving expenses
- Deductible part of Self-Employment (S/E) tax
- S/E SEP, SIMPLE, & qualified plans
- S/E health insurance deduction**
- Penalty on early withdrawal of savings
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- Additional adjustments added on line 36 (1040 only)
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Do not include deductions such as charitable contributions, home mortgage interest, property taxes, or child care expenses. You also should not enter a deduction that is already considered a cost or expense as part of your business. Only include deductions that are part of your adjusted gross income on the tax return. If you are expecting any capital losses in 2015, you can enter this amount as "Other Adjustments" in this section.

Click on **Add Deduction** to tell us if anyone pays for things like alimony, student loan interest, or any other deductions that will be taken on your tax return in the upcoming year. Click on **Edit Deduction** to change the amount that you will list as a deduction on your federal income tax return. Click on **Remove Deduction** to delete this deduction.

If you do not have any deductions, check the box next to your name.

Beatrice Williams + Add Deduction		
Deduction	Amount	Actions
S/E health insurance deduction	\$500.00/yr	Remove Deduction Edit Deduction

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Next

Beatrice Williams

Self Employed - Owns Beatrice's Best Cleaning

- New Business
- Needs to build income
- Wants to report that her business is seasonal



To enter income as inconsistent/seasonal, do not mark “Self employed”. Enter information on the screen as requested and hit “next”.

Add Job / 1099 Income

Step 1. Employer Details > Step 2. Add Income

Employer / Company Name *	D/B/A Name
Beatrice's Best Cleaning	<input type="text" value="Employer DBA Name"/>

Self employed **Leave blank**

Employer / Business Address

Address Line 1 *	Address Line 2	
<input type="text" value="100 Broadway"/>	<input type="text"/>	
City *	ZIP Code *	State *
<input type="text" value="Albany"/>	<input type="text" value="12203"/>	<input type="text" value="NEW YORK"/> ▼

Edit Job / 1099 Income

Step 1. Employer Details > Step 2. Add Income

Beatrice's Best Cleaning
100 Broadway,
Albany NY, 12203

Do you expect this income to be steady month-to-month or inconsistent / seasonal? *

Steady ? Inconsistent / Seasonal ?

Tell us the estimated start and end dates. Write in how much is earned from this job during this time period, including tips or commission, **before taxes**. *

Amount

\$ \$30,000

Start Date

04 - 01 - 2016

End Date

10 - 31 - 2016

+ Add another income schedule

Back

Close

nystateofhealth.ny.gov

Next

Summary of How to Enter Self-Employment Income

1. Income from a job
 - Mark “Self employed”
 - Complete 3 month business record
2. Additional Income
3. Income from a job
 - Do not mark “Self employed”
 - Mark “Inconsistent/Seasonal”

Poll Question #2

Based on our special instructions, if Bob is Self-Employed and needs to enter a business loss in his application, he should enter the loss as

- A. a negative number under “Total Business Expenses” on the 3 month worksheet.
- B. a positive number under “Additional Income” marked as “Business Loss”
- C. a positive number under “Deductions” marked as “Deductible part of Self-Employment S/E Tax”.
- D. a positive number under “Deductions” marked as “Other Adjustments”.



What Type of Documentation is Acceptable?

Self-Employment Income (for a period of at least three (3) months)

- Filed taxes from the previous year, if representative of attested income.
- Business records and receipts (e.g. business bank account records, invoices and checks)
- Records of earnings and expenses (from accounting software, an excel document, or word document)
- 1099

Documentation Federal Tax Return Guidance




- Filed taxes from the previous year
 - The taxes from the year prior to the previous year are acceptable until the end of the tax season (normally April 15th unless it falls on a Saturday, then it is the next business day) of the current year, unless the applicant states they filed an extension with the IRS.
 - The tax return is acceptable only if the signature page is submitted and must be signed and dated by the individual.
 - The following types of signatures are acceptable:
 - A handwritten tax form that is signed and dated without a paid preparer.
 - A tax form signed with an electronic pin.
 - If filing electronically, the consumer may also submit Form 8879 IRS efile
 - Signature Authorization Page along with their tax return as a signature page.
 - Note: A handwritten date is acceptable with an electronic signature.
 - The consumer cannot sign for themselves as a paid preparer.
 - ❖ For example, the consumer is an accountant and only signs the Paid Preparer field.

Examples of Acceptable Documentation

Bank Statement

Account #: 99887766-55 Page 1 of 4



Number One Bank

PERIODIC STATEMENT
Date: April 30, 2014
Period: April 01, 2014 to April 30, 2014 (30 Days)

Home Cleaning Solutions
PO Box 789
Sanitary, NY 12345

Account Type: Checking Account #: 99887766-55

Beginning Balance as of 4/1/14	\$6,449.89
Deposits & Other Credits	\$17,167.46
Checks & Other Debits	\$15,578.22
Average Balance	\$2,594.73
Ending Balance as of 4/30/14	\$8,039.13

Charges and Fees

	\$10.00
2 Administrative Review Fee	\$111.00
3 Paid NSF Fee	\$111.00
3 Paid UCF Fee	

Transaction Information

Date	Check#	Description	Amount
3/31		***Reversal	-\$2,075.00
4/1		Deposit	\$2,075.00
4/18	3256	Paid NSF Fee AMT:\$1,000.00	-\$37.00
4/18	3265	Paid NSF Fee AMT:\$100.00	-\$37.00
4/18	3264	Paid NSF Fee AMT:\$88.94	-\$37.00
4/19		Administrative Review Fee	-\$5.00
4/20		Administrative Review Fee	-\$5.00
4/21		Deposit	\$1,632.22
4/21	3268	Paid NSF Fee AMT:\$245.80	-\$37.00
4/21	3267	Paid NSF Fee AMT:\$244.40	-\$37.00
4/21	3266	Paid NSF Fee AMT:\$175.60	-\$37.00
4/28		Deposit	\$1,200.00
4/28		Withdrawal	-\$1,200.00
4/30		Deposit	\$3,305.44

Automated Clearing House

4/1		ACH Deposit PYMT PROC FNBO	\$2,997.79
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Profit & Loss Statement

IT Solutions, Inc.
Profit & Loss
January through June 2014

Ordinary Income/Expense

Income	
4200 · Product Revenue	
4202 · ABC Statistics	265.51
4201 · G.W. Bridgeman	720.75
4200 · Product Revenue - Other	55.00
Total 4200 · Product Revenue	1,041.26
4100 · Service Revenue	17,983.75
Total Income	19,025.01

Cost of Goods Sold

5000 · Project Related Costs	
5300 · Solution Products Cost	51.99
Total 5000 · Project Related Costs	51.99
Total COGS	51.99

Gross Profit 18,973.02

Expense

Business Service	
6104 · Online Sale Service	120.00
Business Service - Other	220.80
Total Business Service	340.80
6100 · Advertising Expense	656.92
6155 · Dues and Subscriptions	250.00
6180 · Insurance	
6186 · Professional Liability Ins	199.00
Total 6180 · Insurance	199.00
6238 · Marketing	996.00
6250 · Office Equipment Software	287.09
Total 6250 · Office Equipment	287.09
6310 · Office Supplies	240.55
6270 · Professional Development	69.95
6295 · Instructional Services	4,086.32
Total Rent	4,086.32
6330 · Travel & Entertainment	
6336 · Travel	33.50
6330 · Travel & Entertainment -	24.00
Total 6330 · Travel & Entertainment	57.50
Total Expense	7,184.13
Net Ordinary Income	11,788.89
Net Income	11,788.89

What Documentation is not Acceptable?

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Medicaid and Family Health Plus Enrollment

Financial Status (Farm or Business)

TO BE COMPLETED BY APPLICANT

APPLICANT'S NAME (MLL) (Last, First, Middle Initial) BUSINESS NAME

APPLICANT'S ADDRESS BUSINESS ADDRESS

APPLICANT'S TELEPHONE NO. () BUSINESS TELEPHONE NO. ()

Note: Depreciation*, personal expenses and entertainment, personal transportation, purchase of capital equipment and payments of the principal on loans are NOT allowable deductions. Losses from previous years are also NOT deductible. (*Allowed for SS-ft applicants/recipients)

I. BUSINESS INCOME (last three months)	MONTH ONE		MONTH TWO		MONTH THREE	
	last	month	last	month	last	month
1. Gross Sales						
2. Less: Purchases						
3. Gross Profit (line 1 minus line 2)						
II. BUSINESS EXPENSES						
DEDUCTIONS						
4. Telephone	\$		\$		\$	
5. Supplies						
6. Heat/Utilities						
7. Advertising						
8. Interest						
9. Insurance						
10. Bank Charges						
11. Repairs						
12. Business Taxes						
13. Business Vehicle Expenses						
14. Business Rent						
A. Property						
B. Equipment						
15. Other Expenses (specify)						
III. INCOME SUMMARY						
SUMMARY						
16. Total Business Expenses (lines 4 thru 15)						
17. NET INCOME (line 3 minus line 16)	17a		17b		17c	

TO BE COMPLETED BY LOCAL DEPARTMENT OF SOCIAL SERVICES WORKER

THREE-MONTH TOTAL NET INCOME (line 17a + line 17b + line 17c)		THREE-MONTH AVERAGE NET INCOME (line 18 divided by 3)	
MONTH ONE (17a)	\$ _____	THREE-MONTH TOTAL \$ _____	3
MONTH TWO (17b)	\$ _____	(line 18)	
MONTH THREE (17c)	\$ _____		
18. THREE MONTH TOTAL	\$ _____		

Applicants must read the following and sign below

I understand that I have no other way to document the above self-employment income and that all of the above information is true and correct. I understand that this information will be used to determine eligibility for all Public Health Insurance Programs. I understand that program officials may verify information on this form. I also understand that if I intentionally misrepresent my income, I may have to repay benefits received and may be subject to prosecution for a criminal offense.

Applicant's Signature _____ Date Signed _____ Worker's Signature _____

DOI-4469 (10/09)

Financial Status (Farm or Business)

DOH-4469

Summary Review

- Who are the Self Employed
- Types of Self Employment
- How to Locate Self Employment on a Tax Return
- Where to Enter Self Employment Income in the Application
- Documentation Requirements



Poll Question #3

Bob doesn't have accounting software and doesn't file taxes, what would be acceptable documentation for him to submit for income verification?

- A. Profit & Loss Statement
- B. Receipts for Income and Expenses
- C. Bank statements
- D. 1099
- E. All and/or a combination of the above

Questions?



We're here to help!

CACMail@health.ny.gov

- Eligibility Assistance
- Application Errors
- Technical/System Issues with an Application
- Document Review Assistance

Assistor.Admin@health.ny.gov

- Staff Changes
- Assistor Account Issues
- Training/Recertification

Reminder: Recertification Process

- Assistors must attend or view each NY State of Health Recertification Webinar in order to be recertified on NY State of Health.
- Please use the following link to report that you have viewed this https://www.surveymonkey.com/r/Assistor_Reporting_Self-Employment
- If you are unable to access Survey Monkey, please have your supervisor contact Assistor.Admin@health.ny.gov and NYSDOH will send your supervisor the manual process for recertification reporting.

Previous NY State of Health Assistor Recertification Reporting Surveys



https://www.surveymonkey.com/r/Assistor_Reporting_Special_Populations_1

https://www.surveymonkey.com/r/Assistor_Reporting_Special_Populations_2

https://www.surveymonkey.com/r/Assistor_Reporting_Household_Composition

https://www.surveymonkey.com/r/Assistor_Reporting_Immigration

https://www.surveymonkey.com/r/Assistor_Reporting_Understanding_the_Uninsured

https://www.surveymonkey.com/r/Assistor_Reporting_How_to_Select_a_Health_Plan

https://www.surveymonkey.com/r/Assistor_Reporting_Self-Employment



Thank you for joining us!

- Watch for surveys
 - Recertification Evaluation of Webinar: Self Employment
 - NY State of Health Assistor Recertification Reporting – Self Employment
- Watch for the video to be posted to
<http://info.nystateofhealth.ny.gov/SpringTraining>

Next Recertification Training:

**Title: Basic Health Plan (BHP) – NY State of Health
Essential Plan - 1**

Date: October 7, 2015