The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Vocational and Educational Services for Individuals with Disabilities (VESID)

Income Calculation

(To be used if a recent federal income tax form is not available or income has changed) VES-311 (6/97)

CONSUMER *First* *Middle Initial* *Last Name*			CONSUMER ID NUMBER
Income calculated for: *(Check one box only)*	1. a) ☐ Consumer b) ☐ Parent(s) / Guardian (identify): c) ☐ Other Wage Earner (identify):		Income calculated for calendar year 199 ____
INCOME	2. Wages, salaries, tips, etc.	2	
	3. a) Taxable interest income	3a	
	b) Tax exempt interest income		
	4. Dividend income	4	
	5. Taxable refunds of state and local income taxes, if any	5	
	6. Alimony received	6	
	7. Business income or (loss)	7	
	8. Capital gain or (loss)	8	
	9. Rent, royalties, partnerships, estates, trusts, etc.	9	
	10. Farm income or (loss)	10	
	11. Unemployment compensation	11	
	12. a) Social Security benefits		
	b) Taxable amount	12b	
	13. Other income (list type and amount)	13	
	14. Add the amounts shown in the far right column for lines 2 through 13. ***This is the individual's total income*** ▶	14	
ADJUSTMENTS TO INCOME	15. Reimbursed employee business expenses	15	
	16. a) Individual IRA deduction	16 a)	
	b) Spouse's IRA deduction	16 b)	
	17. Self-employed health insurance deduction	17	
	18. Keogh retirement plan and self-employed SEP deduction	18	
	19. Penalty on early withdrawal of savings	19	
	20. Alimony paid (recipient's last name)_____		
	and Social Security Number _____/_____/_____	20	
	21. Add lines 15 through 20. ***These are the individual's total adjustments*** ▶	21	
ADJUSTED GROSS INCOME	22. Subtract line 21 from line 14. ***This is the individual's adjusted gross income*** ▶	22	
MEDICAL AND DENTAL EXPENSES *(Do not include expenses reimbursed or paid by others)*	23. a) Prescription medicines and drugs, insulin, doctors, dentists, nurses, hospitals, medical insurance premiums you paid, etc.	23 a)	
	b) Other (list - include hearing aids, dentures, eyeglasses, transportation and lodging, etc.) _____ _____	23 b)	
	24. Add lines 23a and 23b and enter the total here	24	
	25. Multiply the amount on line 22 by 7.5% (.075)	25	
	26. Subtract line 25 from line 24. If zero or less, enter 0. ***Total medical and dental.*** ▶	26	

The information I have supplied is complete and accurate to the best of my knowledge. I agree to inform VESID of any changes that may affect my available resources. I understand that I may be required to submit verification of this information.

Signature of Consumer, or Parent / Guardian	Date	Signature of Counselor

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