ENCLOSURE 1

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 2000** (99) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2000, or other tax year beginning , 2000, ending , 20 OMB No. 1545-0074

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type. LABEL HERE

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 page 19. | Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.

Important! You must enter your SSN(s) above.

Presidential Election Campaign (See page 19.) **Note.** Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want $3 to go to this fund? ► You ☐ Yes ☐ No Spouse ☐ Yes ☐ No

Filing Status Check only one box.

1 ☐ Single
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ►
4 ☐ Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ►
5 ☐ Qualifying widow(er) with dependent child (year spouse died ►). (See page 19.)

Exemptions

6a ☐ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a
b ☐ **Spouse**
c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see page 20)
			☐
			☐
			☐
			☐
			☐
			☐

If more than six dependents, see page 20.

No. of boxes checked on 6a and 6b
No. of your children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see page 20)
Dependents on 6c not entered above
Add numbers entered on lines above ►

d Total number of exemptions claimed

Income

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

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also please use Form 1040-V.

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	
9	Ordinary dividends. Attach Schedule B if required		9
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)		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 ► ☐		13
14	Other gains or (losses). Attach Form 4797		14
15a	Total IRA distributions 15a	b Taxable amount (see page 23)	15b
16a	Total pensions and annuities 16a	b Taxable amount (see page 23)	16b
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	b Taxable amount (see page 25)	20b
21	Other income. List type and amount (see page 25)		21
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ►		22

Adjusted Gross Income

23	IRA deduction (see page 27)	23	
24	Student loan interest deduction (see page 27)	24	
25	Medical savings account deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed health insurance deduction (see page 29)	28	
29	Self-employed SEP, SIMPLE, and qualified plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ►	31a	
32	Add lines 23 through 31a		32
33	Subtract line 32 from line 22. This is your **adjusted gross income** ►		33

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 56. Cat. No. 11320B Form **1040** (2000)

The income reported on Line 7 through 21 is treated in accordance with Medi-Cal regulations. Remember any negative amount should be treated as zero

- If individual is reporting self employment use either IRS 1040 and Schedule C/F or 3 months Profit and Loss to determine gross amount, instead of the amount reported here.
- When computing unearned income use the amounts before taxes are taken (15a, 16a & 20a)

ENCLOSURE 2

INCOME VERIFICATION AND DOCUMENTATION MATRIX

Type of Income	Medi-Cal	Healthy Families
Unearned	Most recent check stub available, any type of award letter, bank statement showing electronic deposit which identifies source and gross amount, any type of documentation from party providing the income IEVS Printout, PVS report previous year's tax return (1040) if it reflects current income as stated on the application.	SAME except for IEVS and PVS printouts
Earned	Most recent pay stub, statement from employer, previous year's tax return (1040) if it reflects current income as stated on the application.	SAME
Self-Employment	Previous year's tax return 1040 including Schedule C or F, or 3 months Profit and Loss Statements.	SAME

- If applicant cannot provide proof, a declaration under penalty of perjury is acceptable evidence
- When there is a discrepancy between the previous year's tax return and the information reported on the current application, then current information shall be used to determine eligibility.