

RETURN ADDRESS
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

Mailing Date: XX/XX/XXXX

ANNA MEMBER
123 MAIN ST
ANYTOWN WI 55555



**State of
Wisconsin**

Case #: 1234567890

ABC Agency
Worker: IM A WORKER
Phone #: 1-987-654-3210
Fax #: (555) 555-5555
Use fax # to send verifications.



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call 1-987-654-3210. These services are free.

Update Your Annual Income Information Now to Keep Getting BadgerCare Plus Benefits

Members of BadgerCare Plus must provide income information every year so that we can see if they are still meeting program rules.

You must update your annual income information by January 31, **XXXX**, to keep getting health care benefits. This includes giving us an estimate of what your income will be this calendar year. You can do so by completing the form included with this letter or online using ACCESS at access.wi.gov. If you do not update your income information, your BadgerCare Plus benefits may end.

Note: You may not know exactly what your total income will be in this calendar year. You can give an estimate of it. If later this year, it turns out your income is different than what you estimated, you can report the change in income at that time.

If you have any questions about this letter or need help filling out the **Annual Income Report Form** included with this letter, call your agency at **1-987-654-3210**.

ANNUAL INCOME REPORT FORM

Instructions

To find out if you meet the program rules for BadgerCare Plus, we need annual income information from you. In the form below, we ask you for your expected income for this calendar year. If you do not know your expected income for this year, please give an estimate of that income.

If you expect your income to stay the same as last year, you can use the same amounts as last year. Last year's amounts are based on the information we have on file for you and has already been added to the form.

For instructions on what to count as income and how to return the form, go to the next page.

SECTION 1	Expected Annual Income Details
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Case:	1234567890	
Name:	Any Member	
Types of Income and Deductions	Last Year's Annual Income	Current Year's Expected Annual Income
Income from a Job or Jobs	XX	
Self-Employment Income	XX	
Self-Employment Expenses (subtract)	- XX	-
Income from Other Sources (Income Not Earned from a Job)	XX	
Income Deductions (subtract)	- XX	-
Total Annual Income	XX	
Name:	Any Member	
Types of Income and Deductions	Last Year's Annual Income	Current Year's Expected Annual Income
Income from a Job or Jobs	XX	
Self-Employment Income	XX	
Self-Employment Expenses (subtract)	- XX	-
Income from Other Sources (Income Not Earned from a Job)	XX	
Income Deductions (subtract)	- XX	-
Total Annual Income	XX	

By signing this form, you are saying that the information you provided is correct and complete to the best of your knowledge.

SIGNATURE - Applicant/Member/Authorized Representative/ Guardian/Power of Attorney/Conservator	Date Signed
Print First and Last Name	

More Information About Income Types and Deductions

- **Income from a Job or Jobs** – This includes any income you earn from working at a job. If you work at more than one job you need to write in the total you expect to earn from all jobs for the year.
- **Self-Employment Income** – Self-employment income includes any income you get from a job that is your own business rather than working as an employee. You need to write in the total amount you expect to earn from your self-employment. This amount does not include any self-employment expenses.
- **Self-Employment Expenses** – Self-employment expenses include any business expenses that are allowed as deductions by the IRS, including depreciation and depletion. They can include items such as wages and benefits for your employees, renting or leasing property for your business, business materials and supplies, and other allowable expenses related to running your business. You need to write in the total amount you expect to spend on expenses for your business.
- **Income from Other Sources (Income Not Earned from a Job)** – This includes any income that you got from sources other than working at a job. This includes Social Security benefits, Unemployment Insurance, retirement benefits or any other type of income that is taxable. You need to write in your total amount of income from sources other than a job.
- **Income Deductions** – These include pre-tax deductions that are taken out of your paycheck before taxes are taken out, such as health insurance premiums, health savings accounts, retirement contributions and other deductions. You should also include student loan interest, higher education expenses, alimony, and any less common deductions that you claim on IRS Form 1040, Schedule 1. You need to write in your total amount of pre-tax deductions and other types of tax deductions.
- **Total Annual Income** - Add your Job Income, Self-Employment Income, and Income from Other Sources together. Subtract your Self-Employment Expenses and Income Deductions from the amount.

How to Return this Form

Return your completed form by **January 31, XXXX**. You can submit your completed Annual Income Report Form in one of the following ways:

- **Mobile app:** Use the MyACCESS mobile app to take a photo of and submit all the pages of your document.

- **Online:** Copy and scan all pages of the form to ACCESS. You can do this through your ACCESS account, which you can log into at access.wi.gov. **Note:** If you do not have an ACCESS account, you can go to access.wi.gov and create one.
- **Mail or Fax:**
 - If you live in Milwaukee County:
Milwaukee Enrollment Services
6055 N. 64th Street
Milwaukee, WI 53218
 - If you do **not** live in Milwaukee County:
CDPU
PO Box 5234
Janesville, WI 53547-5234
Fax: 1-855-293-1822
- **In Person:** Take this form to the agency listed on the first page of the letter you got asking you to fill out this Annual Income Report Form. You can also find your agency's contact information at www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm.