

CALCULATION OF SSI PAYMENT AMOUNT
INDIVIDUAL WITH EARNED INCOME ONLY

For Month: _____ Year: _____

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1. _____ EARNED GROSS INCOME
 2. __--_____ STUDENT EARNED INCOME EXCLUSION
 3. _____-\$85_____ GENERAL AND EARNED INCOME EXCLUSION
 4. __--_____ DEDUCT IMPAIRMENT-RELATED WORK EXPENSES
 5. _____ AMOUNT
 6. _____/2_____ DIVIDE AMOUNT BY 2
 7. _____ COUNTABLE EARNED INCOME

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8. _____ COUNTABLE EARNED INCOME (LINE #7)
 9. __--_____ DEDUCT PLAN FOR ACHIEVING SELF-SUPPORT
OR BLIND WORK EXPENSES
 10. _____ ADJUSTED TOTAL COUNTABLE INCOME

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11. _____ FEDERAL BENEFIT RATE
 12. __--_____ ADJUSTED TOTAL COUNTABLE INCOME (LINE #10)
 13. _____ ADJUSTED SSI PAYMENT

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14. _____ EARNED GROSS INCOME (LINE # 1)
 15. __+_____ ADJUSTED SSI PAYMENT (LINE # 13)
 16. _____ TOTAL GROSS MONTHLY INCOME
 17. __--_____ DEDUCT COST OF ALL WORK INCENTIVE (S) CLAIMED
(TOTAL OF LINES # 4 AND #9)
 18. _____ TOTAL ADJUSTED GROSS MONTHLY INCOME