

Tax Transcript Decoder[®]

COMPARISON OF 2019 TAX RETURN AND TAX TRANSCRIPT DATA
2021-22 Award Year (*Version 1.0*)



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November 2020

Information in this publication is current as of November 19, 2020.

Comparison of 2019 Tax Return and Tax Transcript Data

FAFSA instructions direct applicants to obtain information from certain lines on IRS income tax returns and schedules. For the most part, the instructions identify the relevant lines on the tax form by line number. These line item numbers do not appear on IRS tax transcripts. Instead, each item is identified by name. When verifying FAFSA data using tax transcripts, it is important to identify the correct answer.

The following pages contain a sample tax return and corresponding tax return transcript. Relevant line items have been highlighted as follows:

Red: information to help cross-reference tax return line items with corresponding data on the tax return transcript.

Yellow: tax return line items that are required verification data elements for the 2021-22 award year.

Blue: tax return line items listed in the FAFSA instructions, which should be reviewed for potential conflicting information.

2019 Tax Return Line Items for 2021-22 Verification

	1040 and Schedules	2021-22 FAFSA Question
AGI	1040 Line 8b	36 (S) and 84 (P)
Income tax paid*	1040 Line 14 <i>minus</i> Schedule 2, Line 2	37 (S) and 85 (P)
Education credits	1040 Schedule 3, Line 3	43a (S) and 91a (P)
IRA deductions and payments	1040 Schedule 1, Line 15 + Line 19	44b (S) and 92b (P)
Tax-exempt interest income	1040 Line 2a	44d (S) and 92d (P)
Untaxed portions of IRA, pension, and annuity distributions (withdrawals)*	1040 Lines (4a + 4c) <i>minus</i> (4b + 4d) (exclude rollovers)	44e (S) and 92e (P)

2019 Tax Return Transcript Line Items for 2021-22 Verification

	Tax Transcript	2021-22 FAFSA Question
AGI	"ADJUSTED GROSS INCOME PER COMPUTER"	36 (S) and 84 (P)
Income tax paid*	"INCOME TAX AFTER CREDITS PER COMPUTER" <i>minus</i> "EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT"	37 (S) and 85 (P)
Education credits	"EDUCATION CREDIT PER COMPUTER"	43a (S) and 91a (P)
IRA deductions and payments	"KEOGH/SEP CONTRIBUTION DEDUCTION" <i>plus</i> "IRA DEDUCTION PER COMPUTER"	44b (S) and 92b (P)
Tax-exempt interest income	"TAX-EXEMPT INTEREST"	44d (S) and 92d (P)
Untaxed portions of IRA, pension, and annuity distributions (withdrawals)*	"TOTAL IRA DISTRIBUTIONS" <i>plus</i> "TOTAL PENSIONS AND ANNUITIES" <i>minus</i> "TAXABLE IRA DISTRIBUTIONS" <i>plus</i> "TAXABLE PENSION/ANNUITY AMOUNT" (exclude rollovers)	44e (S) and 92e (P)

*If negative, enter zero.

Sample IRS Form 1040, Page 1: Marcos and Carolina Tamez

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2019** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial CAROLINA M	Last name TAMEZ	Your social security number XXX XX 4672
If joint return, spouse's first name and middle initial MARCOS S	Last name TAMEZ	Spouse's social security number XXX XX 2230
Home address (number and street). If you have a P.O. box, see instructions. 87412 W POLTAVA WAY		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). SPRINGFIELD, OR 99999		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
SAMUEL J TAMEZ		XXX XX 6772	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AMOS J TAMEZ		XXX XX 8534	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	131,638 *
2a	Tax-exempt interest	2b	1,590
3a	Qualified dividends	3b	
4a	IRA distributions	4b	
c	Pensions and annuities	4d	
5a	Social security benefits	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9	7a	8,124
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	141,352
8a	Adjustments to income from Schedule 1, line 22	8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	141,352
9	Standard deduction or itemized deductions (from Schedule A)	9	33,714
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a	Add lines 9 and 10	11a	33,714
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	107,638

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2019)

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under **Standard Deduction**, see instructions.

*Income earned from work: IRS Form 1040—Line 1, Schedule 1—Lines 3 and 6, Schedule K-1 (IRS Form 1065)—Box 14 (Code A). If any individual earning item is negative, do not include that item in your calculation.

Sample IRS Form 1040, Page 2: Marcos and Carolina Tamez

Form 1040 (2019)

Page **2**

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	15,397		
b	Add Schedule 2, line 3, and line 12a and enter the total			12b	15,397
13a	Child tax credit or credit for other dependents	13a	4,000		
b	Add Schedule 3, line 7, and line 13a and enter the total			13b	4,059
14	Subtract line 13b from line 12b. If zero or less, enter -0-			14	11,338
15	Other taxes, including self-employment tax, from Schedule 2, line 10			15	
16	Add lines 14 and 15. This is your total tax			16	11,338
17	Federal income tax withheld from Forms W-2 and 1099			17	11,291
18	Other payments and refundable credits:				
a	Earned income credit (EIC)	18a			
b	Additional child tax credit. Attach Schedule 8812	18b			
c	American opportunity credit from Form 8863, line 8	18c			
d	Schedule 3, line 14	18d			
e	Add lines 18a through 18d. These are your total other payments and refundable credits			18e	
19	Add lines 17 and 18e. These are your total payments			19	11,291
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid			20	
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>			21a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number				
22	Amount of line 20 you want applied to your 2020 estimated tax	22			
23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions			23	47
24	Estimated tax penalty (see instructions)	24			

Income Tax Paid*

1040 Line 14
minus
Schedule 2, Line 2

*If negative, enter zero

- If you have a qualifying child, attach Sch. EIC.
- If you have nontaxable combat pay, see instructions.

Refund

Direct deposit? See instructions.

21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here

b Routing number **c** Type: Checking Savings

d Account number

22 Amount of line 20 you want applied to your 2020 estimated tax **22**

Amount You Owe

23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions **23** **47**

24 Estimated tax penalty (see instructions) **24**

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.	Your signature <i>Carolina M. Tamez</i>	Date 04/15/2020	Your occupation ADMINISTRATOR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date 04/15/2020	Spouse's occupation MANAGER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. Email address

Paid Preparer Use Only

Preparer's name <input type="text"/>	Preparer's signature <input type="text"/>	Date <input type="text"/>	PTIN <input type="text"/>	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name <input type="text"/>	Phone no. <input type="text"/>		Firm's EIN <input type="text"/>	
Firm's address <input type="text"/>				

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2019)

Sample IRS Form 1040 Schedule 1: Marcos and Carolina Tamez

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ FORM 1099 MISC INCOME 8124	8	8,124
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	8,124

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 71479F Schedule 1 (Form 1040 or 1040-SR) 2019

*Income earned from work: IRS Form 1040—Line 1, Schedule 1—Lines 3 and 6, Schedule K-1 (IRS Form 1065)—Box 14 (Code A). If any individual earning item is negative, do not include that item in your calculation.

Sample IRS Form 1040 Schedule 2 (not filed by Carolina and Marcos)

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040 or 1040-SR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment
Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

Part I Tax			
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	
Part II Other Taxes			
4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	

Income Tax Paid*

1040 Line 14
minus
Schedule 2, Line 2

*If negative, enter zero

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 71478U Schedule 2 (Form 1040 or 1040-SR) 2019

Sample IRS Form 1040 Schedule 3: Marcos and Carolina Tamez

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ Attach to Form 1040 or 1040-SR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment
Sequence No. **03**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	59
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credit. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	59

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71480G

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE A
(Form 1040 or 1040-SR)

(Rev. January 2020)
Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.
► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2019
Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)		
2	Enter amount from Form 1040 or 1040-SR, line 8b	2	141,352
3	Multiply line 2 by 7.5% (0.075)		10,601
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		
		4	

Taxes You Paid

5	State and local taxes.		
a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	6,206
b	State and local real estate taxes (see instructions)	5b	14,736
c	State and local personal property taxes	5c	784
d	Add lines 5a through 5c	5d	21,726
e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000
6	Other taxes. List type and amount ►	6	
7	Add lines 5e and 6	7	10,000

Interest You Paid

Caution: Your mortgage interest deduction may be limited (see instructions).

8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	23,169
b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	8b	
c	Points not reported to you on Form 1098. See instructions for special rules	8c	
d	Mortgage insurance premiums (see instructions)	8d	
e	Add lines 8a through 8d	8e	23,169
9	Investment interest. Attach Form 4952 if required. See instructions.	9	
10	Add lines 8e and 9	10	23,169

Gifts to Charity

Caution: If you made a gift and got a benefit for it, see instructions.

11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	230
12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	12	315
13	Carryover from prior year	13	
14	Add lines 11 through 13	14	545

Casualty and Theft Losses

15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15	
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Other Itemized Deductions

16	Other—from list in instructions. List type and amount ►	16	
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Total Itemized Deductions

17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9	17	33,714
18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR. Cat. No. 17145C Schedule A (Form 1040 or 1040-SR) 2019

Note: Besides Schedules 1, 2, and 3, the school does not need to collect copies of IRS schedules of forms attached to the tax return, unless there is conflicting information in the student's file that needs to be resolved.

SCHEDULE B
(Form 1040 or 1040-SR)

Interest and Ordinary Dividends

OMB No. 1545-0074

2019
Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleB for instructions and the latest information.
► Attach to Form 1040 or 1040-SR.

Name(s) shown on return

Your social security number

Part I
Interest

(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

CAROLINA M TAMEZ

MARCOS S TAMEZ

Amount

910

680

1

2 Add the amounts on line 1 **2** **1,590**

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3** **0**

4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ► **4** **1,590**

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II
Ordinary Dividends

(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer ►

5

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ► **6** **0**

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

7a At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

8 During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

For Paperwork Reduction Act Notice, see your tax return instructions.

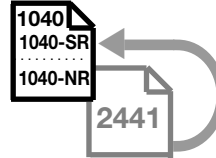
Cat. No. 17146N

Schedule B (Form 1040 or 1040-SR) 2019

Child and Dependent Care Expenses

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.



Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Your social security number

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box.

Part I Persons or Organizations Who Provided the Care—You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	CHILDREN'S LEARNING CTR	1234 LINCOLN AVE. EUGENE, OR 99999	XXXXXXXXXX	294.00

Did you receive dependent care benefits? **No** Complete only Part II below.
 Yes Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040 or 1040-SR), line 7a; or Form 1040-NR, line 59a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2019 for the person listed in column (a)
First	Last		
SAMUEL	TAMEZ	XXX XX 6772	294
AMOS	TAMEZ	XXX XX 8534	0

3	Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	294																																																										
4	Enter your earned income . See instructions	4	53,688																																																										
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	77,950																																																										
6	Enter the smallest of line 3, 4, or 5	6	294																																																										
7	Enter the amount from Form 1040 or 1040-SR, line 8b; or Form 1040-NR, line 35	7	141,352																																																										
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X . 020																																																										
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9	Multiply line 6 by the decimal amount on line 8. If you paid 2018 expenses in 2019, see the instructions	9	59																																																										
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	15,397																																																										
11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Schedule 3 (Form 1040 or 1040-SR), line 2; or Form 1040-NR, line 47	11	59																																																										

For Paperwork Reduction Act Notice, see your tax return instructions.

Note: Besides Schedules 1, 2, and 3, the school does not need to collect copies of IRS schedules of forms attached to the tax return, unless there is conflicting information in the student's file that needs to be resolved.

Part III Dependent Care Benefits

12 Enter the total amount of dependent care benefits you received in 2019. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.	12	0
13 Enter the amount, if any, you carried over from 2018 and used in 2019 during the grace period. See instructions	13	0.00
14 Enter the amount, if any, you forfeited or carried forward to 2020. See instructions	14	(0.00)
15 Combine lines 12 through 14. See instructions	15	0
16 Enter the total amount of qualified expenses incurred in 2019 for the care of the qualifying person(s)	16	294
17 Enter the smaller of line 15 or 16	17	0
18 Enter your earned income . See instructions	18	53,688
19 Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	77,950
20 Enter the smallest of line 17, 18, or 19	20	0
21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	21	5,000
22 Is any amount on line 12 from your sole proprietorship or partnership? <input type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0
23 Subtract line 22 from line 15	23	0
24 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0
25 Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	25	0
26 Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 8. On the dotted line next to Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 8, enter "DCB".	26	0

To claim the child and dependent care credit, complete lines 27 through 31 below.

27 Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	6,000
28 Add lines 24 and 25	28	0
29 Subtract line 28 from line 27. If zero or less, stop. You can't take the credit. Exception. If you paid 2018 expenses in 2019, see the instructions for line 9	29	6,000
30 Complete line 2 on the front of this form. Don't include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	294
31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31	294

Note: Besides Schedules 1, 2, and 3, the school does not need to collect copies of IRS schedules of forms attached to the tax return, unless there is conflicting information in the student's file that needs to be resolved.

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Sample Tax Return Transcript: Marcos and Carolina Tamez



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-30-2020
 Response Date: 08-30-2020
 Tracking Number: XXXXXXXXXXXXX

Tax Return Transcript

SSN Provided: XXX-XX-4672
 Tax Period Ending: Dec. 31, 2019

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: XXX-XX-4672
 SPOUSE SSN: XXX-XX-2230

NAME(S) SHOWN ON RETURN: CARO MARCO TAME

ADDRESS: 8741 W

1040: p.1 FILING STATUS: Married Filed Joint
 FORM NUMBER: 1040
 CYCLE POSTED: 20201602
 RECEIVED DATE: Apr.15, 2020
 REMITTANCE: \$0.00
 EXEMPTION NUMBER: 04
 OTHER DEPENDENT CREDIT TOTAL ELIGIBLE PER COMPUTER: 00
 OTHER DEPENDENT CREDIT TOTAL ELIGIBLE VERIFIED: 00
 EXEMPTION NUMBER: 4

1040: p.1 DEPENDENT 1 NAME CTRL: TAME
 DEPENDENT 1 SSN: XXX-XX-6772
 DEPENDENT 2 NAME CTRL: TAME
 DEPENDENT 2 SSN: XXX-XX-8534
 DEPENDENT 3 NAME CTRL:
 DEPENDENT 3 SSN:
 DEPENDENT 4 NAME CTRL:
 DEPENDENT 4 SSN:
 PTIN:
 PREPARER EIN:

Income

1040: 1* WAGES, SALARIES, TIPS, ETC:.....\$131,638.00
 TAXABLE INTEREST INCOME: SCH B:.....\$1,590.00

1040: 2a TAX-EXEMPT INTEREST:.....\$0.00
 ORDINARY DIVIDEND INCOME: SCH B:.....\$0.00
 QUALIFIED DIVIDENDS:.....\$0.00
 REFUNDS OF STATE/LOCAL TAXES:.....\$0.00
 ALIMONY RECEIVED:.....\$0.00
 BUSINESS INCOME OR LOSS (Schedule C):.....\$0.00

Sch 1: 3* BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....\$0.00
 CAPITAL GAIN OR LOSS: (Schedule D):.....\$0.00
 CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....\$0.00
 OTHER GAINS OR LOSSES (Form 4797):.....\$0.00

1040: 4a TOTAL IRA DISTRIBUTIONS:.....\$0.00
1040: 4b TAXABLE IRA DISTRIBUTIONS:.....\$0.00
1040: 4c TOTAL PENSIONS AND ANNUITIES:.....\$0.00
1040: 4d TAXABLE PENSION/ANNUITY AMOUNT:.....\$0.00
 ADDITIONAL INCOME:.....\$8,124.00
 ADDITIONAL INCOME PER COMPUTER:.....\$8,124.00
 REFUNDABLE CREDITS PER COMPUTER:.....\$0.00
 REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....\$0.00

*Income earned from work: IRS Form 1040-Line 1, Schedule 1-Lines 3 and 6, Schedule K-1 (IRS Form 1065)-Box 14 (Code A). If any individual earning item is negative, do not include that item in your calculation.

QUALIFIED BUSINESS INCOME DEDUCTION:.....	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):.....	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:.....	\$0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:.....	\$0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER:.....	\$0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:.....	\$0.00
FARM INCOME OR LOSS (Schedule F):.....	\$0.00
Sch 1: 6 * FARM INCOME OR LOSS (Schedule F) PER COMPUTER:.....	\$0.00
UNEMPLOYMENT COMPENSATION:.....	\$0.00
TOTAL SOCIAL SECURITY BENEFITS:.....	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS:.....	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:.....	\$0.00
OTHER INCOME:.....	\$8,124.00
SCHEDULE EIC SE INCOME PER COMPUTER:.....	\$0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:.....	\$0.00
SCH EIC DISQUALIFIED INC COMPUTER:.....	\$0.00
QUALIFIED BUSINESS INCOME DEDUCTION:.....	\$0.00
F8995 QUALIFIED BUSINESS INCOME DEDUCTION COMPUTER:.....	\$0.00
F8995 NET CAPITAL GAINS COMPUTER:.....	\$0.00
TOTAL INCOME:.....	\$141,352.00
TOTAL INCOME PER COMPUTER:.....	\$141,352.00

Adjustments to Income

EDUCATOR EXPENSES:.....	\$0.00
EDUCATOR EXPENSES PER COMPUTER:.....	\$0.00
RESERVIST AND OTHER BUSINESS EXPENSE:.....	\$0.00
HEALTH SAVINGS ACCT DEDUCTION:.....	\$0.00
Sch 1: 12 HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:.....	\$0.00
MOVING EXPENSES: F3903:.....	\$0.00
SELF EMPLOYMENT TAX DEDUCTION:.....	\$0.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:.....	\$0.00
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:.....	\$0.00
Sch 1: 15 KEOGH/SEP CONTRIBUTION DEDUCTION:.....	\$0.00
SELF-EMP HEALTH INS DEDUCTION:.....	\$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:.....	\$0.00
ALIMONY PAID SSN:.....	
ALIMONY PAID:.....	\$0.00
IRA DEDUCTION:.....	\$0.00
Sch 1: 19 IRA DEDUCTION PER COMPUTER:.....	\$0.00
STUDENT LOAN INTEREST DEDUCTION:.....	\$0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:.....	\$0.00
STUDENT LOAN INTEREST DEDUCTION VERIFIED:.....	\$0.00
TUITION AND FEES DEDUCTION:.....	\$0.00
TUITION AND FEES DEDUCTION PER COMPUTER:.....	\$0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:.....	\$0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION PER COMPUTER:.....	\$0.00
OTHER ADJUSTMENTS:.....	\$0.00
ARCHER MSA DEDUCTION:.....	\$0.00
ARCHER MSA DEDUCTION PER COMPUTER:.....	\$0.00
TOTAL ADJUSTMENTS:.....	\$0.00
TOTAL ADJUSTMENTS PER COMPUTER:.....	\$0.00
ADJUSTED GROSS INCOME:.....	\$141,352.00
1040: 8b ADJUSTED GROSS INCOME PER COMPUTER:.....	\$141,352.00

Tax and Credits

65-OR-OVER:.....	NO
BLIND:.....	NO
SPOUSE 65-OR-OVER:.....	NO
SPOUSE BLIND:.....	NO
STANDARD DEDUCTION PER COMPUTER:.....	\$0.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:.....	\$0.00
TAX TABLE INCOME PER COMPUTER:.....	\$107,638.00
EXEMPTION AMOUNT PER COMPUTER:.....	\$0.00
TAXABLE INCOME:.....	\$107,638.00
TAXABLE INCOME PER COMPUTER:.....	\$107,638.00
TOTAL POSITIVE INCOME PER COMPUTER:.....	\$141,352.00
TENTATIVE TAX:.....	\$15,397.00
TENTATIVE TAX PER COMPUTER:.....	\$15,397.00

**Income earned from work: IRS Form 1040-Line 1, Schedule 1-Lines 3 and 6, Schedule K-1 (IRS Form 1065)-Box 14 (Code A). If any individual earning item is negative, do not include that item in your calculation.*

FORM 8814 ADDITIONAL TAX AMOUNT:.....	\$0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:.....	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:.....	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:.....	\$0.00
FOREIGN TAX CREDIT:.....	\$0.00
FOREIGN TAX CREDIT PER COMPUTER:.....	\$0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:.....	\$0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:.....	\$0.00
Sch 2: 2** EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:.....	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:.....	\$0.00
CHILD & DEPENDENT CARE CREDIT:.....	\$59.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....	\$58.80
CREDIT FOR ELDERLY AND DISABLED:.....	\$0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....	\$0.00
EDUCATION CREDIT:.....	\$0.00
Sch 3: 3 EDUCATION CREDIT PER COMPUTER:.....	\$0.00
GROSS EDUCATION CREDIT PER COMPUTER:.....	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT:.....	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:.....	\$0.00
PRIM RET SAV CNTRB: F8880 LN6A:.....	\$0.00
SEC RET SAV CNTRB: F8880 LN6B:.....	\$0.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:.....	\$0.00
RESIDENTIAL ENERGY CREDIT:.....	\$0.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER:.....	\$0.00
CHILD AND OTHER DEPENDENT CREDIT:.....	\$4,000.00
CHILD AND OTHER DEPENDENT CREDIT PER COMPUTER:.....	\$4,000.00
ADOPTION CREDIT: F8839:.....	\$0.00
ADOPTION CREDIT PER COMPUTER:.....	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT:.....	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:.....	\$0.00
F3800, F8801 AND OTHER CREDIT AMOUNT:.....	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS:.....	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:.....	\$0.00
PRIOR YR MIN TAX CREDIT: F8801:.....	\$0.00
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:.....	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:.....	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:.....	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:.....	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:.....	\$0.00
OTHER CREDITS:.....	\$0.00
TOTAL CREDITS:.....	\$4,059.00
TOTAL CREDITS PER COMPUTER:.....	\$4,059.00
*** INCOME TAX AFTER CREDITS PER COMPUTER:.....	\$11,338.00

1040: 14
Sch 2: 2

****"Income Tax After Credits Per Computer"	\$11,338.00
- ****"Excess Advance Premium Tax Credit Repayment Amount"	- \$0.00
= **** Income Tax Paid	= \$11,338.00

Other Taxes

SE TAX:.....	\$0.00
SE TAX PER COMPUTER:.....	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:.....	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:.....	\$0.00
TAX ON QUALIFIED PLANS F5329 (PR):.....	\$0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:.....	\$0.00
IRAF TAX PER COMPUTER:.....	\$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:.....	\$11,338.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:.....	\$11,338.00
TOTAL OTHER TAXES PER COMPUTER:.....	\$0.00
UNPAID FICA ON REPORTED TIPS:.....	\$0.00
F8959-8960 OTHER TAXES:.....	\$0.00
TOTAL OTHER TAXES:.....	\$0.00
RECAPTURE TAX: F8611:.....	\$0.00
HOUSEHOLD EMPLOYMENT TAXES:.....	\$0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:.....	\$0.00
HEALTH CARE RESPONSIBILITY PENALTY:.....	\$0.00
HEALTH CARE RESPONSIBILITY PENALTY VERIFIED:.....	\$0.00
HEALTH COVERAGE RECAPTURE: F8885:.....	\$0.00
RECAPTURE TAXES:.....	\$0.00
TOTAL ASSESSMENT PER COMPUTER:.....	\$11,338.00

****If Income Tax Paid is negative, enter zero.

TOTAL TAX LIABILITY TP FIGURES:.....\$11,338.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$11,338.00

Payments

FEDERAL INCOME TAX WITHHELD:.....\$11,291.00
HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....\$0.00
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....0
ESTIMATED TAX PAYMENTS:.....\$0.00
OTHER PAYMENT CREDIT:.....\$0.00
REFUNDABLE EDUCATION CREDIT:.....\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....\$0.00
REFUNDABLE EDUCATION CREDIT VERIFIED:.....\$0.00
REFUNDABLE CREDITS:.....\$0.00
EARNED INCOME CREDIT:.....\$0.00
EARNED INCOME CREDIT PER COMPUTER:.....\$0.00
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....\$0.00
SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....\$0.00
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:.....\$0.00
SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....\$0.00
AMOUNT PAID WITH FORM 4868:.....\$0.00
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....\$0.00
HEALTH COVERAGE TX CR: F8885:.....\$0.00
SEC 965 TAX INSTALLMENT:.....\$0.00
SEC 965 TAX LIABILITY:.....\$0.00
PREMIUM TAX CREDIT AMOUNT:.....\$0.00
PREMIUM TAX CREDIT VERIFIED AMOUNT:.....\$0.00
PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....\$0.00
SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....\$0.00
FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:.....\$0.00
FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:.....\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):.....\$0.00
FORM 2439 AND OTHER CREDITS:.....\$0.00
TOTAL PAYMENTS:.....\$11,291.00
TOTAL PAYMENTS PER COMPUTER:.....\$11,291.00

Refund or Amount Owed

AMOUNT YOU OWE:.....\$47.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX:.....\$0.00
ESTIMATED TAX PENALTY:.....\$0.00
TAX ON INCOME LESS STATE REFUND PER COMPUTER:.....\$0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$47.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$47.00
FORM 8888 TOTAL REFUND PER COMPUTER:.....\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....
AUTHORIZATION INDICATOR:.....0
THIRD PARTY DESIGNEE NAME:.....

Schedule A--Itemized Deductions

MEDICAL/DENTAL

MEDICAL AND DENTAL EXPENSES:.....\$0.00
ADJUSTED GROSS INCOME PERCENTAGE:.....\$10,601.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 10 PERCENT:.....\$0.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 7.5 PERCENT:.....\$10,601.00
NET MEDICAL DEDUCTION:.....\$0.00
NET MEDICAL DEDUCTION PER COMPUTER:.....\$0.00

TAXES PAID

STATE AND LOCAL INCOME OR SALES TAXES:.....\$6,206.00
STATE INCOME OR SALES TAX:.....\$0.00
REAL ESTATE TAXES:.....\$14,736.00
PERSONAL PROPERTY TAXES:.....\$784.00
OTHER TAXES AMOUNT:.....\$0.00
SCH A TAX DEDUCTIONS:.....\$10,000.00
SCH A TAX PER COMPUTER:.....\$10,000.00

INTEREST PAID

MORTGAGE INTEREST (FINANCIAL):.....\$23,169.00
MORTGAGE INTEREST (INDIVIDUAL):.....\$0.00
DEDUCTIBLE POINTS:.....\$0.00
QUALIFIED MORTGAGE INSURANCE PREMIUMS:.....\$0.00
DEDUCTIBLE INVESTMENT INTEREST:.....\$0.00
TOTAL INTEREST DEDUCTION:.....\$23,169.00
TOTAL INTEREST DEDUCTION PER COMPUTER:.....\$23,169.00

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS:.....\$230.00
OTHER THAN CASH: Form 8283:.....\$315.00
CARRYOVER FROM PRIOR YEAR:.....\$0.00
SCH A TOTAL CONTRIBUTIONS:.....\$545.00
SCH A TOTAL CONTRIBUTIONS PER COMPUTER:.....\$545.00

CASUALTY AND THEFT LOSS

CASUALTY OR THEFT LOSS:.....\$0.00

JOBS AND MISCELLANEOUS

UNREIMBURSED EMPLOYEE EXPENSE AMOUNT:.....\$0.00
TOTAL LIMITED MISC EXPENSES:.....\$0.00
NET LIMITED MISC DEDUCTION:.....\$0.00
NET LIMITED MISC DEDUCTION PER COMPUTER:.....\$0.00

OTHER MISCELLANEOUS

OTHER THAN GAMBLING AMOUNT:.....\$0.00
OTHER MISC DEDUCTIONS:.....\$0.00

TOTAL ITEMIZED DEDUCTIONS

TOTAL ITEMIZED DEDUCTIONS:.....\$33,714.00
TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$33,714.00
RECOMPUTED TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$0.00
ELECT ITEMIZED DEDUCTION INDICATOR:.....
SCH A ITEMIZED PERCENTAGE PER COMPUTER:.....\$0.00

Interest and Dividends

GROSS SCHEDULE B INTEREST:.....\$1,590.00
TAXABLE INTEREST INCOME:.....\$1,590.00
EXCLUDABLE SAVINGS FROM BOND INT:.....\$0.00
GROSS SCHEDULE B DIVIDENDS:.....\$0.00
DIVIDEND INCOME:.....\$0.00
FOREIGN ACCOUNTS IND:.....None
REQUIRED TO FILE FINCEN FORM 114:.....None

Form 2441--Child and Dependent Care Expenses

PROV NAME CNTRL:.....CHIL
CARE PROV SSN:.....XXX-XX-2619
DEPENDENT CARE EMPLOYER BENEFITS AMT:.....\$0.00
QUALIFIED EXPENSES EMPLOYER INCURRED AMT:.....\$294.00
DEPENDENT CARE EXCLUSION AMOUNT:.....\$0.00

PART II CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

NUMBER OF QUALIFYING PERSONS:.....2
SSNS NOT REQ'D IND:.....0
CHILD 1 NAME CONTROL:.....TAME
CHILD 1 SSN:.....XXX-XX-6772
CHILD 1 QUALIFIED EXPENSE:.....\$294.00
CHILD 2 NAME CONTROL:.....TAME
CHILD 2 SSN:.....XXX-XX-8534
CHILD 2 QUALIFIED EXPENSE:.....\$0.00
AMOUNT OF QUALIFIED EXPENSES:.....\$294.00
EARNED INCOME-PRIMARY:.....\$53,688.00
EARNED INCOME-SECONDARY:.....\$77,950.00
PRIOR YEAR CHILD CARE EXPENSES:.....\$0.00
PRIOR YEAR CHILD CARE EXPENSES PER COMPUTER:.....\$0.00
CHILD AND DEPENDENT CARE BASE AMOUNT PER COMPUTER:.....\$294.00

PART III DEPENDENT CARE BENEFITS

DEPENDENT CARE EMPLOYER BENEFITS:.....\$0.00
QUALIFIED EXPENSES EMPLOYER INCURRED:.....\$294.00
DEPENDENT CARE EXCLUDED BENEFITS:.....\$0.00
GROSS CHILD CARE CREDIT PER COMPUTER:.....\$58.80
TOTAL QUALIFYING EXPENSES PER COMPUTER:.....\$294.00

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....\$0.00
TOTAL EDUCATION CREDIT AMOUNT:.....\$0.00
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$0.00

This Product Contains Sensitive Taxpayer Data

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Appendices

Appendix A

Sample 2019 W-2 Form, Reference Guide for Box 12 Codes, and Sample Wage and Income Statement

Appendix B

Criteria for 2021-22 Simplified Needs Formulas and Automatic Zero EFC Calculation

Appendix C

2019 IRS Form 1040 – Indicators That Schedule 1, 2 or 3 was Required

Appendix D

Current Year Transcript Availability

Appendix E

Current, Resources and Websites – Tax Returns and Transcripts

Appendix A

Sample 2019 W-2 Form

In addition to wages earned, the W-2 form may reveal sources of untaxed income, such as payments to tax-deferred pension and savings plan amounts reported in boxes 12a through 12d, code D, E, F, G, H and S.

Schools are not required to review income listed in box 14, however if you are aware that a box 14 item should be reported (i.e. clergy parsonage allowances) then you would count that amount as untaxed income.

a Employee's social security number		OMB No. 1545-0008				This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer identification number (EIN)		1 Wages, tips, other compensation 47,355.52		2 Federal income tax withheld 4,072.11					
c Employer's name, address, and ZIP code		3 Social security wages 54,206.10		4 Social security tax withheld 3,360.82					
		5 Medicare wages and tips 54,206.10		6 Medicare tax withheld 786.01					
		7 Social security tips		8 Allocated tips					
d Control number		9		10 Dependent care benefits					
e Employee's first name and initial Last name Suff.		11 Nonqualified plans		12a See instructions for box 12 E 3,491.28					
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		12b J 2,116.89					
		14 Other		12c DD 8,850.12					
				12d					
f Employee's address and ZIP code									
15 State	Employer's state ID number	16 State wages, tips, etc. 47,355.52	17 State income tax 924.15	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

Form **W-2** Wage and Tax Statement **2019** Department of the Treasury—Internal Revenue Service

Form W-2 Reference Guide for Box 12 Codes

A	Uncollected social security or RRTA tax on tips	K	20% excise tax on excess golden parachute payments	V	Income from exercise of nonstatutory stock option(s)
B	Uncollected Medicare tax on tips	L	Substantiated employee business expense reimbursements	W	Employer contributions (including amounts employee elected to contribute using a cafeteria plan) to employee's health savings account
C	Taxable cost of group-term life insurance over \$50,000	M	Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only)	Y	Deferrals under a section 409A nonqualified deferred compensation plan
D	Elective deferrals to a section 401(k) cash or deferred arrangement (including deferrals under a SIMPLE 401(k) arrangement)	N	Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only)	Z	Income under a nonqualified deferred compensation plan that fails to satisfy section 409A
E	Elective deferrals under a section 403(b) salary reduction agreement	P	Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces	AA	Designated Roth contributions under a section 401(k) plan
F	Elective deferrals under a section 408(k)(6) salary reduction SEP	Q	Nontaxable combat pay	BB	Designated Roth contributions under a section 403(b) plan
G	Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan	R	Employer contributions to an Archer MSA	DD	Cost of employer-sponsored health coverage
H	Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan	S	Employee salary reduction contributions under a section 408(p) SIMPLE plan	EE	Designated Roth contributions under a governmental section 457(b) plan
J	Nontaxable sick pay	T	Adoption benefits	FF	Permitted benefits under a qualified small employer health reimbursement arrangement

(For additional codes and complete descriptions, visit https://www.irs.gov/pub/irs-pdf/fw2_19.pdf)

Sample 2019 Wage and Income Statement



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-30-2020 *
Response Date: 08-30-2020
Tracking Number: XXXXXXXXXXXXX

Wage and Income Transcript

SSN Provided: XXX-XX-4672
Tax Period Ending: December 2019

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):

Employee:
Employee's Social Security Number: XXX-XX-4672
CARO MARY TAME
1234 W

Submission Type:.....Original document

Wages, Tips and Other Compensation:.....	\$47,355.00	- - - - -> Box 1
Federal Income Tax Withheld:.....	\$4,072.00	- -> Box 2
Social Security Wages:.....	\$54,206.00	- - - - -> Box 3
Social Security Tax Withheld:.....	\$3,360.00	- -> Box 4
Medicare Wages and Tips:.....	\$54,206.00	- - - - -> Box 5
Medicare Tax Withheld:.....	\$786.00	- -> Box 6
Social Security Tips:.....	\$0.00	- - - - -> Box 7
Allocated Tips:.....	\$0.00	- -> Box 8
Dependent Care Benefits:.....	\$0.00	- - - - -> Box 10
Deferred Compensation:.....	\$3,491.00	- -> Box 12a-d (D, E, F, G, H)
Code "Q" Nontaxable Combat Pay:.....	\$0.00	
Code "W" Employer Contributions to a Health Savings Account:.....	\$0.00	
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:.....	\$0.00	
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:.....	\$0.00	
Code "R" Employer's Contribution to MSA:.....	\$0.00	
Code "S" Employer's Contribution to Simple Account:.....	\$0.00	- - - - -> Box 12a-d (S)
Code "T" Expenses Incurred for Qualified Adoptions:.....	\$0.00	
Code "V" Income from exercise of non-statutory stock options:.....	\$0.00	
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....	\$0.00	
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....	\$0.00	
Code "DD" Cost of Employer-Sponsored Health Coverage:.....	\$8,850.00	
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:.....	\$0.00	
Code "FF" Permitted benefits under a qualified small employer health reimbursement arrangement:.....	\$0.00	

* Current tax year information may not be available until July.

Note: Payments to tax-deferred pension and retirement savings plans under "Deferred Compensation" and "Code 'S' Employer's Contribution to Simple Account" are not required to be verified unless there is conflicting information. "Deferred Compensation" is assumed to include W-2 Box 12a to 12d, Codes D, E, F, G, and H. If the total for this line plus the line for Code 'S' do not match the amount reported on the FAFSA, the school will need to collect additional documentation from the student or parent, as applicable. Schools may obtain a signed statement indicating the correct amounts or some other documentation the school deems appropriate to resolve the conflict.

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Appendix B

Criteria for 2021-22 Simplified Needs Formulas and Automatic Zero EFC Calculation

The following criteria is used to determine if students qualify to have their EFCs calculated using a simplified formula.

	Simplified (assets not considered)	Automatic Zero EFC
Formula A Dependent student	<ul style="list-style-type: none"> ▪ Parents had a 2019 AGI of \$49,999 or less (for tax filers), or if non-filers, income earned from work in 2019 is \$49,999 or less; and ▪ Either <ul style="list-style-type: none"> - Parents filed a 2019 IRS Form 1040, but did not file a Schedule 1¹, filed a tax form from a Trust Territory², or were not required to file any income tax return or - Anyone in the parents' household size (as defined on the FAFSA) received any designated means-tested federal benefits³ during 2019 or 2020, or - Parent is a dislocated worker. 	<ul style="list-style-type: none"> ▪ Parents had a 2019 AGI of \$27,000 or less (for tax filers), or if non-filers, income earned from work in 2019 is \$27,000 or less; and ▪ Either <ul style="list-style-type: none"> - Parents filed a 2019 IRS Form 1040, but did not file a Schedule 1¹, filed a tax form from a Trust Territory², or were not required to file any income tax return or - Anyone in the parents' household size (as defined on the FAFSA) received any designated means-tested federal benefits³ during 2019 or 2020, or - Parent is a dislocated worker.
Formula B Independent student without dependents (other than a spouse)	<ul style="list-style-type: none"> ▪ Student (and spouse, if any) had a 2019 AGI of \$49,999 or less (for tax filers), or if non-filers, income earned from work in 2019 is \$49,999 or less; and ▪ Either <ul style="list-style-type: none"> - Student (and spouse, if any) filed a 2019 IRS Form 1040, but did not file a Schedule 1¹, filed a tax form from a Trust Territory², or were not required to file any income tax return or - Anyone in the student's household size (as defined on the FAFSA) received any designated means-tested federal benefits³ during 2019 or 2020, or - Student (or spouse, if any) is a dislocated worker. 	Not applicable.
Formula C Independent student with dependents (other than a spouse)	<ul style="list-style-type: none"> ▪ Student (and spouse, if any) had a 2019 AGI of \$49,999 or less (for tax filers), or if non-filers, income earned from work in 2019 is \$49,999 or less; and ▪ Either <ul style="list-style-type: none"> - Student (and spouse, if any) filed a 2019 IRS Form 1040, but did not file a Schedule 1¹, filed a tax form from a Trust Territory², or were not required to file any income tax return or - Anyone in the student's household size (as defined on the FAFSA) received any designated means-tested federal benefits³ during 2019 or 2020, or - Student (or spouse, if any) is a dislocated worker. 	<ul style="list-style-type: none"> ▪ Student (and spouse, if any) had a 2019 AGI of \$27,000 or less (for tax filers), or if non-filers, income earned from work in 2019 is \$27,000 or less; and ▪ Either <ul style="list-style-type: none"> - Student (and spouse, if any) filed a 2019 IRS Form 1040, but did not file a Schedule 1¹, filed a tax form from a Trust Territory², or were not required to file any income tax return or - Anyone in the student's household size (as defined on the FAFSA) received any designated means-tested federal benefits³ during 2019 or 2020, or - Student (or spouse, if any) is a dislocated worker.

¹May also qualify if Schedule 1 was **only** filed to report the following additions or adjustments to income: unemployment compensation (line 7), Alaska Permanent Fund dividend (line 8 – may not be a negative value), educator expenses (line 10), IRA deduction (line 19), student loan interest deduction (line 20), or virtual currency ('Yes' box checked).

²Trust Territory: Commonwealth of Puerto Rico, Guam, American Samoa, the U.S. Virgin Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, or Palau.

³Benefits include Medicaid, Supplemental Security Income (SSI), Supplemental Nutrition Assistance (SNAP), Free or Reduced Price School Lunch, Temporary Assistance for Needy Families (TANF), and Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Appendix C

2019 IRS Form 1040 – Indicators That Schedule 1, 2 or 3 was Required

Many taxpayers will only need to file Form 1040 and no schedules. Those with more complicated tax returns will need to complete one or more of the 2019 Form 1040 Schedules along with their Form 1040. These taxpayers include people claiming certain deductions or credits or owing additional taxes. Below is a general guide indicating whether Schedules 1, 2, or 3 need to be filed based on specific circumstances. Under these conditions, the school should receive a copy of that schedule to complete verification.

IF YOU...	THEN USE...
<p>Have additional income, such as business or farm income or loss, unemployment compensation, prize or award money, or gambling winnings.</p> <p>Have any deductions to claim, such as student loan interest deduction, self-employment tax, or educator expenses.</p> <ul style="list-style-type: none"> ▪ 1040 Line 7a is not blank <u>and</u> not zero*, or 1040 Line 8a is not blank <u>and</u> not zero* 	
<p>2021-22 FAFSA questions #35 (S) and #82 (P) ask if Schedule 1 was (or will be) filed with a 2019 tax return. A note on p. 9 of the FAFSA reads:</p> <p><i>Answer “No” if you (and if married, your spouse) did not file a Schedule 1.</i></p> <p><i>Answer “No” if you (and if married, your spouse) did or will file a Schedule 1 to report only one or more of the following items:</i></p> <ol style="list-style-type: none"> 1. Unemployment compensation (line 7) 2. Other income to report an Alaska Permanent Fund dividend (line 8 – may not be a negative value) 3. Educator expenses (line 10) 4. IRA deduction (line 19) 5. Student loan interest deduction (line 20) 6. Receiving, selling, sending, exchanging, or otherwise acquiring any financial interest in any virtual currency (‘Yes’ box is checked) <p><i>Answer “Yes” if you (or if married, your spouse) filed or will file a Schedule 1 and reported additional income or adjustments to income on any lines other than or in addition to the six exceptions listed above.</i></p>	<p>Schedule 1</p>
<p>Owe alternative minimum tax or need to make an excess advance premium tax credit repayment.</p> <p>Owe other taxes, such as self-employment tax, household employment taxes, additional tax on IRAs or other qualified retirement plans and tax-favored accounts.</p> <ul style="list-style-type: none"> ▪ 1040 Line 12b is different than the amount in Line 12a, or there is an amount in Line 15 	<p>Schedule 2</p>
<p>Can claim a nonrefundable credit other than the child tax credit or the credit for other dependents, such as the foreign tax credit, education credits, or general business credit.</p> <p>Can claim a refundable credit other than the earned income credit, American Opportunity Credit, or additional child tax credit, such as the net premium tax credit or health coverage tax credit.</p> <p>Have other payments, such as an amount paid with a request for an extension to file or excess social security tax withheld.</p> <ul style="list-style-type: none"> ▪ 1040 Line 13b is different than the amount in Line 13a 	<p>Schedule 3</p>

*Zero is not an amount for this purpose because zero would be ignored in the calculation of the AGI. “None” and “N/A” is not an amount. A positive or negative figure is an amount indicating there was additional income on Schedule 1, Line 9, that is included in the calculation of the AGI, even if it is negative income.

Note: Besides Schedules 1, 2, and 3, the school does not need to collect copies of IRS schedules of forms attached to the tax return, unless there is conflicting information in the student’s file that needs to be resolved.

Adapted from: <https://www.irs.gov/pub/irs-pdf/i1040gi.pdf>

Sample 2019 IRS Form 1040 – Page 1

Standard Deduction for— <ul style="list-style-type: none"> • Single or Married filing separately, \$12,200 • Married filing jointly or Qualifying widow(er), \$24,400 • Head of household, \$18,350 • If you checked any box under <i>Standard Deduction</i>, see instructions. 	1	Wages, salaries, tips, etc. Attach Form W-2, 1099-R, etc.	1	131,638
	2a	Tax-exempt interest	2b	1,590
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
	c	Pensions and annuities	4d	
	5a	Social security benefits	5b	
	6	Capital gain or (loss). Attach Schedule D and Form 8879, if required	6	
	7a	Other income from Schedule 1, line 9	7a	8,124
	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	141,352
	8a	Adjustments to income from Schedule 1, line 9	8a	
	b	Subtract line 8a from line 7b. This is your adjusted gross income	8b	141,352
9	Standard deduction or itemized deductions (from Schedule A)	9	33,714	
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a	Add lines 9 and 10	11a	33,714	
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	107,638	

Sched. 1 is filed if...

Line 7a not blank, and not zero*

or

Line 8a not blank, and not zero*

Sample 2019 IRS Form 1040 – Page 2

<ul style="list-style-type: none"> • If you have a qualifying child, attach Sch. EIC. • If you have nontaxable combat pay, see instructions. 	b	Additional child tax credit. Attach Schedule 8812	12a	15,397	12b	15,397
	c	American opportunity credit from Form 8863, line 8	13a	4,000	13b	4,059
	d	Schedule 3, line 14	14	11,338	15	11,338
	e	Add lines 18a through 18d. These are your total other payments	16	11,338	17	11,291
	19	Add lines 17 and 18e. These are your total payments	18e		19	11,291

Sched. 2 is filed if...

Line 12b is different f/ Line 12a

or

Line 15 has an amount

Sched. 3 is filed if...

Line 13b is different f/ Line 13a

*Zero is not an amount for this purpose because zero would be ignored in the calculation of the AGI. "None" and "N/A" is not an amount. A positive or negative figure is an amount indicating there was additional income on Schedule 1, Line 9, that is included in the calculation of the AGI, even if it is negative income.

Appendix D

Current Year Transcript Availability

Use the table below to determine the general timeframe when you can request a transcript for a current year Form 1040 return filed on or before the April due date. Availability varies based on the method you used to file your return and whether you have a refund or balance due.

Note: If you made estimated tax payments and/or applied your overpayment from a prior year tax return to your current year tax return, you can request a [tax account transcript](#) to confirm these payments or credits a few weeks after the beginning of the calendar year prior to filing your current year return.

When your original return shows a ...	and you filed <i>electronically</i> , then	and you filed on <i>paper</i> , then
refund amount or no balance due,	allow 2-3 weeks after return submission before you request a transcript.	allow 6-8 weeks after you mailed your return before you request a transcript.
balance due and you paid in full with your return,	allow 2-3 weeks after return submission before you request a transcript.	we process your return in June and you can request a transcript in mid to late June. Note: we process all payments upon receipt.
balance due and you paid in full after submitting the return,	allow 3-4 weeks after full payment before you request a transcript.	
balance due and you didn't pay in full,	we process your return in mid-May and you can request a transcript by late May.	

<https://www.irs.gov/individuals/transcript-availability>

Appendix E

References, Resources and Websites – Tax Returns and Transcripts

U.S. Department of Education

Federal Registers

- Subject: FAFSA Information to be Verified for the 2021-22 Award Year
<https://ifap.ed.gov/federal-registers/FR090320>

Electronic Announcements

- Subject: 2021-22 Verification Suggested Text Package
<https://ifap.ed.gov/electronic-announcements/092520VerificationSuggestedTextPackage2122AY>

Student Aid Eligibility Worksheets

- Subject: 2021-22 Free Application for Federal Student Aid (FAFSA®), FAFSA on the Web Worksheet, and the Student Aid Eligibility Worksheet for Question 23
<https://ifap.ed.gov/electronic-announcements/091020FAFSA2122FOTWWkshtStudAidEligWksht4Quest23>

2020-21 Federal Student Aid Handbook

- Application and Verification Guide
 - Chapter 2: Filling Out the FAFSA
 - Chapter 4: Verification, Updates, and Corrections<https://ifap.ed.gov/federal-student-aid-handbook/2021FSAHbkAVG>

Program Integrity Questions and Answers – Verification

<https://www2.ed.gov/policy/highered/reg/hearulemaking/2009/verification.html>

Federal Student Aid Glossary and Acronyms – Appendix A

<https://ifap.ed.gov/federal-student-aid-handbook/1920fsahbkappendices>

Internal Revenue Service

- Current Year Transcript Availability
<https://www.irs.gov/individuals/transcript-availability>
- Secure Access: How to Register for Certain Online Self-Help Tools
<https://www.irs.gov/individuals/secure-access-how-to-register-for-certain-online-self-help-tools>
- Transcript Types and Ways to Order Them
<https://www.irs.gov/individuals/transcript-types-and-ways-to-order-them>
- Get Transcript FAQs
<https://www.irs.gov/individuals/get-transcript-faqs>
- 4506T-EZ: Short Form Request for Individual Tax Return Transcript
<https://www.irs.gov/pub/irs-pdf/f4506tez.pdf>
- 4506-T: Request for Transcript of Tax Return (transcript and other return information)
<https://www.irs.gov/pub/irs-pdf/f4506t.pdf>
- 2019 IRS Publication 17, p. 1: What's New
<https://www.irs.gov/pub/irs-pdf/p17.pdf>