

Tax Transcript Decoder[®]

COMPARISON OF 2020 TAX RETURN AND TAX TRANSCRIPT DATA
2022-23 Award Year



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September 2021

Information in this publication is current as of September 23, 2021.

Comparison of 2020 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 2022-23 award year.

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

2020 Tax Return Line Items for 2022-23 Verification

	1040 and Schedules	2022-23 FAFSA Question
AGI	1040 Line 11	36 (S) and 84 (P)
Income tax paid*	1040 Line 22 minus 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 + 5a) minus (4b + 5b) (exclude rollovers)	44e (S) and 92e (P)

2020 Tax Return Transcript Line Items for 2022-23 Verification

	Tax Transcript	2022-23 FAFSA Question
AGI	"ADJUSTED GROSS INCOME PER COMPUTER"	36 (S) and 84 (P)
Income tax paid*	"INCOME TAX AFTER CREDITS PER COMPUTER" minus "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" plus "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" plus "TOTAL PENSIONS AND ANNUITIES" minus "TAXABLE IRA DISTRIBUTIONS" plus "TAXABLE PENSION/ANNUITY AMOUNT" (exclude rollovers)	44e (S) and 92e (P)

*If negative, enter zero.

Sample IRS Form 1040, Page 1 – Harry and Eleanor Bosch

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 your 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 HARRY T	Last name BOSCH	Your social security number XXX XX 4285
If joint return, spouse's first name and middle initial ELEANOR W	Last name BOSCH	Spouse's social security number XXX XX 5760
Home address (number and street). If you have a P.O. box, see instructions. 7203 WOODROW WILSON DR		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. LOS ANGELES		State CA
Foreign country name		Foreign province/state/county
Foreign postal code		ZIP code 90068
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		

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

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, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name		(2) Social security number		(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):		
	Last name					Child tax credit	Credit for other dependents	
	MADDIE M	BOSCH	XXX	XX	8644	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	COLTRANE B	BOSCH	XXX	XX	6882	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	161,567*
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 9	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	162,447
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income	10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income	11	162,447
	12	Standard deduction or itemized deductions (from Schedule A)	12	37,332
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13		
14	Add lines 12 and 13	14	37,332	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	125,115	

*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 – Harry and Eleanor Bosch

Form 1040 (2020)

Page **2**

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	19,105
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	19,105
19	Child tax credit or credit for other dependents	19	4,000
20	Amount from Schedule 3, line 7	20	45
21	Add lines 19 and 20	21	4,045
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	15,060
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax	24	15,060
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	10,586
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	10,586
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	10,586
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
Direct deposit? See instructions.	b Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number _____		
	36 Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe For details on how to pay, see instructions.	37 Subtract line 33 from line 24. This is the amount you owe now	37	4,474
	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	38 Estimated tax penalty (see instructions)	38	

Income Tax Paid*

1040 Line 22
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.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

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.

Your signature <i>Harry T. Bosch</i>	Date 04/26/2021	Your occupation Detective	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 04/26/2021	Spouse's occupation Agent	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	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name ▶	Firm's address ▶		Phone no.	Firm's EIN ▶

Go to www.irs.gov/Form1040 for instructions and the latest information. Form **1040** (2020)

Sample IRS Form 1040 Schedule 1 (not filed by Harry and Eleanor)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

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

Your social security number

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 ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR line 8.	9	

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, 1040-SR, or 1040-NR, line 10a	22	

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2020

*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 Harry and Eleanor)

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**

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

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8949	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Income Tax Paid*

1040 Line 22
minus
Schedule 2, Line 2

*If negative, enter zero

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	
7b	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 23, or Form 1040-NR, line 23b	10	

Sample IRS Form 1040 Schedule 3 – Harry and Eleanor Bosch

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
HARRY T BOSCH

Your social security number
XXX-XX-4285

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	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	45
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 on Form 1040, 1040-SR, or 1040-NR, line 20	7	45

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other: _____	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	

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

Cat. No. 71480G

Schedule 3 (Form 1040) 2020

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

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

► Attach to Form 1040 or 1040-SR.

2020

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

HARRY T BOSCH ELEANOR W BOSCH

Your social security number

XXX-XX-4285

Medical and Dental Expenses

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

1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040 or 1040-SR, line 11	2	162,447
3	Multiply line 2 by 7.5% (0.075)	3	12,184
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	8,258
b	State and local real estate taxes (see instructions)	5b	
c	State and local personal property taxes	5c	15,687
d	Add lines 5a through 5c	5d	23,945
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	26,392
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	26,392
9	Investment interest. Attach Form 4952 if required. See instructions.	9	
10	Add lines 8e and 9	10	26,392

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	490
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	450
13	Carryover from prior year	13	
14	Add lines 11 through 13	14	940

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 12	17	37,332
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) 2020

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

**SCHEDULE B
(Form 1040)**

Interest and Ordinary Dividends

OMB No. 1545-0074

2020
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 Form 1040 or 1040-SR
HARRY T BOSCH

Your social security number
XXX-XX-4285

**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 ►
FIRST FINANCIAL FCU
FIRST FINANCIAL FCU
- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

Amount	
1	451
1	429
2	880
3	0
4	880

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

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

Amount	
5	
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.

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 2020, 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 2020, 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

Yes	No
[]	[]
[]	[]
[]	[]

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

Cat. No. 17146N

Schedule B (Form 1040) 2020

Residential Energy Credits

▶ Go to www.irs.gov/Form5695 for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on return

HARRY T BOSCH

Your social security number

XXX-XX-4285

Part I Residential Energy Efficient Property Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a **credit carryforward from 2019**.

1 Qualified solar electric property costs	1	0		
2 Qualified solar water heating property costs	2	0		
3 Qualified small wind energy property costs	3	0		
4 Qualified geothermal heat pump property costs	4	0		
5 Add lines 1 through 4	5	0		
6 Multiply line 5 by 26% (0.26)	6	0		
7a Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.) ▶	7a		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.				
b Print the complete address of the main home where you installed the fuel cell property.				
Number and street			Unit No.	
City, State, and ZIP code				
8 Qualified fuel cell property costs	8	0		
9 Multiply line 8 by 26% (0.26)	9	0		
10 Kilowatt capacity of property on line 8 above . . . ▶ _____ x \$1,000	10	0		
11 Enter the smaller of line 9 or line 10	11	0		
12 Credit carryforward from 2019. Enter the amount, if any, from your 2019 Form 5695, line 16	12	0		
13 Add lines 6, 11, and 12	13	0		
14 Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)	14	0		
15 Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5	15	0		
16 Credit carryforward to 2021. If line 15 is less than line 13, subtract line 15 from line 13	16	0		

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

Part II Nonbusiness Energy Property Credit

<p>17a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) ▶</p> <p>Caution: If you checked the “No” box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.</p> <p>b Print the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time.</p> <p style="text-align: center;"><u>7203 Woodrow Wilson Dr</u> Number and street Unit No.</p> <p style="text-align: center;"><u>Los Angeles, CA 90068</u> City, State, and ZIP code</p>	17a	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>c Were any of these improvements related to the construction of this main home? ▶</p> <p>Caution: If you checked the “Yes” box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p>	17c	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>18 Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions)</p>	18	0
<p>19 Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).</p>		
<p>a Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC</p>	19a	0
<p>b Exterior doors that meet or exceed the version 6.0 Energy Star program requirements</p>	19b	451
<p>c Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home</p>	19c	0
<p>d Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements</p>	19d	0
<p>e Maximum amount of cost on which the credit can be figured</p>	19e	\$2,000
<p>f If you claimed window expenses on your Form 5695 prior to 2020, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-</p>	19f	0
<p>g Subtract line 19f from line 19e. If zero or less, enter -0-</p>	19g	2,000
<p>h Enter the smaller of line 19d or line 19g</p>	19h	0
<p>20 Add lines 19a, 19b, 19c, and 19h</p>	20	451
<p>21 Multiply line 20 by 10% (0.10)</p>	21	45
<p>22 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).</p>		
<p>a Energy-efficient building property. Do not enter more than \$300</p>	22a	0
<p>b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150</p>	22b	0
<p>c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50</p>	22c	0
<p>23 Add lines 22a through 22c</p>	23	0
<p>24 Add lines 21 and 23</p>	24	45
<p>25 Maximum credit amount. (If you jointly occupied the home, see instructions)</p>	25	\$500
<p>26 Enter the amount, if any, from line 18</p>	26	0
<p>27 Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit</p>	27	500
<p>28 Enter the smaller of line 24 or line 27</p>	28	45
<p>29 Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions)</p>	29	19,105
<p>30 Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Schedule 3 (Form 1040), line 5</p>	30	45

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

Sample Tax Return Transcript – Harry and Eleanor Bosch



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-30-2021
 Response Date: 08-30-2021
 Tracking Number: XXXXXXXXXXXXX

Tax Return Transcript

SSN Provided: XXX-XX-4285
 Tax Period Ending: Dec. 31, 2020

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-4285
 SPOUSE SSN: XXX-XX-2230

1040: P1 NAME(S) SHOWN ON RETURN: HARR T & ELEA W BOSCH

ADDRESS: 7203 W

1040: P1 FILING STATUS: Married Filed Joint
 FORM NUMBER: 1040
 CYCLE POSTED: 20211702
 RECEIVED DATE: Apr.26, 2021
 REMITTANCE: \$0.00
 EXEMPTION NUMBER: 04

1040: P1 DEPENDENT 1 NAME CTRL: BOSCH
 DEPENDENT 1 SSN: XXX-XX-8644
 DEPENDENT 2 NAME CTRL: BOSCH
 DEPENDENT 2 SSN: XXX-XX-6882
 DEPENDENT 3 NAME CTRL:
 DEPENDENT 3 SSN:
 DEPENDENT 4 NAME CTRL:
 DEPENDENT 4 SSN:
 PTIN:
 PREPARER EIN:

Income

1040: 1 * WAGES, SALARIES, TIPS, ETC:.....\$161,567.00
 TAXABLE INTEREST INCOME: SCH B:.....\$880.00
 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: 5a TOTAL PENSIONS AND ANNUITIES:.....\$0.00
 1040: 5b TAXABLE PENSION/ANNUITY AMOUNT:.....\$0.00
 ADDITIONAL INCOME:.....\$0.00
 ADDITIONAL INCOME PER COMPUTER:.....\$0.00
 REFUNDABLE CREDITS PER COMPUTER:.....\$0.00
 REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....\$0.00
 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

*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.

	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:.....	\$0.00
	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
	PRIMARY ECONOMIC PAYMENT:.....	\$1,700.00
	SECONDARY ECONOMIC PAYMENT:.....	\$1,700.00
	SCHOLARSHIP FELLOWSHIP GRANT:.....	\$0.00
	TOTAL INCOME:.....	\$162,447.00
	TOTAL INCOME PER COMPUTER:.....	\$162,447.00

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:.....	\$0.00
	ALIMONY PAID:.....	\$0.00
	SCHOLARSHIP FELLOWSHIP EXCLUDED:.....	\$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
	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:.....	\$162,447.00
1040: 11	ADJUSTED GROSS INCOME PER COMPUTER:.....	\$162,447.00

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:.....	\$125,115.00
	EXEMPTION AMOUNT PER COMPUTER:.....	\$0.00
	TAXABLE INCOME:.....	\$125,115.00
	TAXABLE INCOME PER COMPUTER:.....	\$125,115.00
	TOTAL POSITIVE INCOME PER COMPUTER:.....	\$162,447.00
	TENTATIVE TAX:.....	\$19,105.00
	TENTATIVE TAX PER COMPUTER:.....	\$19,105.00
	FORM 8814 ADDITIONAL TAX AMOUNT:.....	\$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.*

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:.....	\$0.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....	\$0.00
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:.....	\$45.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER:.....	\$45.00
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
SICK FAMILY LEAVE CREDIT:.....	\$0.00
NON ITEMIZED CHARITABLE CONTRIBUTION DEDUCTION:.....	\$0.00
NON ITEMIZED CHARITABLE CONTRIBUTION PER COMPUTER:.....	\$0.00
RECOVERY REBATE CREDIT:.....	\$0.00
RECOVERY REBATE CREDIT PER COMPUTER:.....	\$0.00
RECOVERY REBATE CREDIT VERIFIED:.....	\$0.00
OTHER CREDITS:.....	\$0.00
TOTAL CREDITS:.....	\$4,045.00
TOTAL CREDITS PER COMPUTER:.....	\$4,045.00
*** INCOME TAX AFTER CREDITS PER COMPUTER:.....	\$15,060.00

1040: 22	"Income Tax After Credits Per Computer"	\$15,060.00 ***
Sch 2: 2	- "Excess Advance Premium Tax Credit Repayment Amount"	- \$0.00 **
	= Income Tax Paid	= \$15,060.00 ****

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:.....	\$15,060.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:.....	\$15,060.00
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

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

IRC 453 TAX:.....\$0.00
 HEALTH CARE RESPONSIBILITY PENALTY:.....\$0.00
 HEALTH CARE RESPONSIBILITY PENALTY VERIFIED:.....\$0.00
 HEALTH COVERAGE RECAPTURE: F8885:.....\$0.00
 DEFERRED TAX SCH H SE:.....\$0.00
 MAX DEFERRED TAX PER COMPUTER:.....\$0.00
 RECAPTURE TAXES:.....\$0.00
 TOTAL ASSESSMENT PER COMPUTER:.....\$15,060.00
 TOTAL TAX LIABILITY TP FIGURES:.....\$15,060.00
 TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$15,060.00

Payments

FEDERAL INCOME TAX WITHHELD:.....\$10,586.00
 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:.....\$10,586.00
 TOTAL PAYMENTS PER COMPUTER:.....\$10,586.00

Refund or Amount Owed

AMOUNT YOU OWE:.....\$4,474.00
 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:.....\$4,474.00
 BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$4,474.00
 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:.....\$12,184.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 10 PERCENT:.....\$0.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 7.5 PERCENT:.....\$12,183.00
NET MEDICAL DEDUCTION:.....\$0.00
NET MEDICAL DEDUCTION PER COMPUTER:.....\$0.00

TAXES PAID

STATE AND LOCAL INCOME OR SALES TAXES:.....\$8,258.00
GENERAL SALES TAX:.....\$0.00
REAL ESTATE TAXES:.....\$15,687.00
PERSONAL PROPERTY TAXES:.....\$0.00
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):.....\$26,392.00
MORTGAGE INTEREST (INDIVIDUAL):.....\$0.00
DEDUCTIBLE POINTS:.....\$0.00
QUALIFIED MORTGAGE INSURANCE PREMIUMS:.....\$0.00
DEDUCTIBLE INVESTMENT INTEREST:.....\$0.00
TOTAL INTEREST DEDUCTION:.....\$26,392.00
TOTAL INTEREST DEDUCTION PER COMPUTER:.....\$26,392.00

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS:.....\$490.00
OTHER THAN CASH: Form 8283:.....\$450.00
CARRYOVER FROM PRIOR YEAR:.....\$0.00
SCH A TOTAL CONTRIBUTIONS:.....\$940.00
SCH A TOTAL CONTRIBUTIONS PER COMPUTER:.....\$940.00

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:.....\$37,332.00
TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$37,332.00
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:.....\$880.00
TAXABLE INTEREST INCOME:.....\$880.00
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 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

Appendices

Appendix A

Sample 2020 W-2 Form, Reference Guide for Box 12 Codes, and Sample Wage and Income Statement

Appendix B

Sample 2020 K-1 (Form 1065) – Box 14, Self-Employment Earnings

Appendix C

Criteria for 2022-23 Simplified Needs Formulas and Automatic Zero EFC Calculation

Appendix D

2020 IRS Form 1040 Schedules Required for Federal Verification

Appendix E

Current Year Transcript Availability

Appendix F

References, Resources and Websites – Tax Returns and Transcripts

Appendix A

Sample 2020 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.

<input type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008									
b Employer identification number (EIN)		1 Wages, tips, other compensation 62,910.44		2 Federal income tax withheld 5,725.44									
c Employer's name, address, and ZIP code		3 Social security wages 70,805.00		4 Social security tax withheld 4,389.97									
		5 Medicare wages and tips 70,805.00		6 Medicare tax withheld 1,026.68									
		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 type="checkbox"/>		12b DD 11,249.64									
		14 Other		12c									
				12d									
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc. 62,910.44		17 State income tax 1,455.82		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
Form W-2 Wage and Tax Statement 2020 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_20.pdf)

Sample 2020 Wage and Income Statement



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 09-08-2021 *
 Response Date: 09-08-2021
 Tracking Number: XXXXXXXXXXXXX

Wage and Income Transcript

SSN Provided: XXX-XX-4285
 Tax Period Ending: December 2020

Form W-2 Wage and Tax Statement

Employer:
 Employer Identification Number (EIN):

Employee:
 Employee's Social Security Number: XXX-XX-4285
 HARR TITU BOSC
 7203 W

Submission Type:.....Original document

Wages, Tips and Other Compensation:.....	\$62,910.00	- - - - ->	Box 1
Federal Income Tax Withheld:.....	\$5,725.00	- ->	Box 2
Social Security Wages:.....	\$70,805.00	- - - - ->	Box 3
Social Security Tax Withheld:.....	\$4,389.00	- ->	Box 4
Medicare Wages and Tips:.....	\$70,805.00	- - - - ->	Box 5
Medicare Tax Withheld:.....	\$1,026.00	- ->	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:.....	\$11,249.00		
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.

Appendix B

Sample 2020 K-1 (Form 1065) – Box 14, Self Employment Earnings

Schedule K-1 (Form 1065)
Department of the Treasury
Internal Revenue Service

2020

For calendar year 2020, or tax year

beginning / ending /

Partner's Share of Income, Deductions, Credits, etc.
▶ See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

B Partnership's name, address, city, state, and ZIP code

C IRS Center where partnership filed return ▶

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

G General partner or LLC member-manager Limited partner or other LLC member

H1 Domestic partner Foreign partner

H2 If the partner is a disregarded entity (DE), enter the partner's:
TIN Name

I1 What type of entity is this partner?

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	%	%
Loss	%	%
Capital	%	%

Check if decrease is due to sale or exchange of partnership interest . . .

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse . . . \$	\$	\$
Qualified nonrecourse financing . . . \$	\$	\$
Recourse . . . \$	\$	\$

Check this box if Item K includes liability amounts from lower tier partnerships.

L Partner's Capital Account Analysis

Beginning capital account . . . \$	\$
Capital contributed during the year . . . \$	\$
Current year net income (loss) . . . \$	\$
Other increase (decrease) (attach explanation) \$	\$
Withdrawals & distributions . . . \$ ()	\$ ()
Ending capital account . . . \$	\$

OMB No. 1545-0123

Final K-1 Amended K-1

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%)		
9c	Unrecaptured section 1256 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)		
12	Section 179 deduction		
13	Other deductions		
14	Self-employment earnings (loss)		
21	<input type="checkbox"/> More than one activity for at-risk purposes*		
22	<input type="checkbox"/> More than one activity for passive activity purposes*		

*See attached statement for additional information.

Box 14. Self-Employment Earnings (Loss)
If you and your spouse are both partners, each of you must complete and file your own Schedule SE (Form 1040), Self-Employment Tax, to report your partnership net earnings (loss) from self-employment.

Code A. Net earnings (loss) from self-employment. If you are a general partner, reduce this amount before entering it on Schedule SE (Form 1040) by any section 179 expense deduction claimed, unreimbursed partnership expenses claimed, and depletion claimed on oil and gas properties. Do not reduce net earnings from self-employment by any separately stated deduction for health insurance expenses.

*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.

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Appendix C

Criteria for 2022-23 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 2020 AGI of \$49,999 or less (for tax filers), or if non-filers, income earned from work in 2020 is \$49,999 or less; and ▪ Either <ul style="list-style-type: none"> - Parents filed a 2020 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 2020 or 2021, or - Parent is a dislocated worker. 	<ul style="list-style-type: none"> ▪ Parents had a 2020 AGI of \$27,000 or less (for tax filers), or if non-filers, income earned from work in 2020 is \$27,000 or less; and ▪ Either <ul style="list-style-type: none"> - Parents filed a 2020 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 2020 or 2021, 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 2020 AGI of \$49,999 or less (for tax filers), or if non-filers, income earned from work in 2020 is \$49,999 or less; and ▪ Either <ul style="list-style-type: none"> - Student (and spouse, if any) filed a 2020 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 2020 or 2021, 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 2020 AGI of \$49,999 or less (for tax filers), or if non-filers, income earned from work in 2020 is \$49,999 or less; and ▪ Either <ul style="list-style-type: none"> - Student (and spouse, if any) filed a 2020 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 2020 or 2021, or - Student (or spouse, if any) is a dislocated worker. 	<ul style="list-style-type: none"> ▪ Student (and spouse, if any) had a 2020 AGI of \$27,000 or less (for tax filers), or if non-filers, income earned from work in 2020 is \$27,000 or less; and ▪ Either <ul style="list-style-type: none"> - Student (and spouse, if any) filed a 2020 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 2020 or 2021, 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), or student loan interest deduction (line 20).

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 D

2020 IRS Form 1040 Schedules Required for Federal Verification

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 2020 Form 1040 Schedules along with their Form 1040. These taxpayers include people claiming certain deductions or credits or owing additional taxes.

Besides Schedules 1, 2, and 3, the school does not need to collect copies of IRS schedules or forms attached to the tax return unless conflicting information in the student’s file needs resolving. Absent conflicting information, **federal verification requires the collection of schedules only for the three highlighted line items below.**

INDICATORS THAT SCHEDULE 1, 2, OR 3 WAS FILED:

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 8 is not blank <u>and</u> not zero*, or 1040 Line 10a is not blank and not zero* 	
<p>2022-23 FAFSA questions #35 (S) and #82 (P) ask if Schedule 1 was (or will be) filed with a 2020 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) <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 five 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 17 is not blank and not zero*, or 1040 Line 23 is not blank and not zero* 	<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 20 is not blank and not zero*, or 1040 Line 31 is not blank and not zero* 	<p>Schedule 3</p>

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

Sample 2020 IRS Form 1040 – Page 1

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	161,567
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	7	Capital gain or (loss). Attach Schedule D if required. If no	7	
	8	Other income from Schedule 1, line 9	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	162,447
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income	10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income	11	162,447
	12	Standard deduction or itemized deductions (from Schedule A)	12	37,332
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	37,332	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	125,115	

Collect Schedule 1 if...

Line 10a is not blank, and not zero*

Sample 2020 IRS Form 1040 – Page 2

• If you have a qualifying child, attach Sch. EIC. • If you have nontaxable combat pay, see instructions.	16	Tax (see instructions). Check if any from F	16	19,105
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	19,105
	19	Child tax credit or credit for other dependen	19	4,000
	20	Amount from Schedule 3, line 7	20	45
	21	Add lines 19 and 20	21	4,045
	22	Subtract line 21 from line 18. If zero or less, enter -	22	15,060
	23	Other taxes, including self-employment tax, from S	23	
	24	Add lines 22 and 23. This is your total tax	24	15,060
	25	Federal income tax withheld from:		
a	Form(s) W-2	25a	10,586	
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c	25d	10,586	
26	2020 estimated tax payments and amount applied from 2019 return	26		
27	Earned income credit (EIC)	27		
28	Additional child tax credit. Attach Schedule 8812	28		
29	American opportunity credit from Form 8863, line 8	29		
30	Recovery rebate credit. See instructions	30		
31	Amount from Schedule 3, line 13	31		

Collect Schedule 2 if...

Line 17 is not blank, and not zero*

Collect Schedule 3 if...

Line 20 is not blank, and not zero*

*Zero is not an amount for this purpose because zero would be ignored in the calculation of the AGI. Blank, "None" and "N/A" also 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: There are instances when Schedule 1, 2, or 3 was filed, but you do not need a copy of that schedule for federal verification purposes unless there is conflicting information. If any of the following line items are the **sole reason** the taxpayer filed the schedule, you **do not** need to collect a copy of that schedule:

- Schedule 1, Line 8
- Schedule 2, Line 23
- Schedule 3, Line 31

Appendix E

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 F

References, Resources and Websites – Tax Returns and Transcripts

U.S. DEPARTMENT OF EDUCATION

Federal Registers

- [Free Application for Federal Student Aid \(FAFSA®\) Information to be Verified for the 2022-23 Award Year](#)

Electronic Announcements

- [2022-2023 Suggested Verification Text](#) (GEN-21-06)

2022-2023 Free Application for Federal Student Aid (FAFSA®) and FAFSA on the Web Worksheet

ENGLISH

- [Draft 2022-23 Free Application for Federal Student Aid \(FAFSA®\)](#)
- [2022-23 FAFSA on the Web Worksheet](#)

SPANISH

- [Draft 2022-23 Free Application for Federal Student Aid \(FAFSA®\)](#)
- [2022-23 FAFSA on the Web Worksheet](#)

2021-22 Federal Student Aid Handbook

- [Application and Verification Guide](#)
 - Chapter 2: Filling Out the FAFSA
 - Chapter 3: Expected Family Contribution (EFC)
 - Chapter 4: Verification, Updates, and Corrections

Program Integrity Questions and Answers – [Verification](#)

Glossary – [Federal Student Aid Handbook Glossary](#)

INTERNAL REVENUE SERVICE

- [Current Year Transcript Availability](#)
- [Secure Access: How to Register for Certain Online Self-Help Tools](#)
- [Transcript Types and Ways to Order Them](#)
- [Get Transcript FAQs](#)
- [4506T-EZ: Short Form Request for Individual Tax Return Transcript](#)
- [4506-T: Request for Transcript of Tax Return](#) (transcript and other return information)
- [2020 IRS Publication 17, p. 1: What's New](#)