



The Authority on Financial Aid

2021-2022 Financial Aid Application Procedures for Students Selected for Verification

Verification: A process in which students and/or parents provide proof that the information reported on the FAFSA is accurate.

2019 Tax Year

Note: Personal copies of your federal tax return are not accepted.

✓ SUBMIT

2019 IRS Tax Return Transcript

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Tax Return Transcript

Request Date: 03-04
Response Date: 03-04
Tracking Number: 10000070432

SSN Provided: _____
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: 000-00-0100 SPOUSE SSN: 000-00-0200
NAME(S) SHOWN ON RETURN: JOHN DOE & JANE DEE
ADDRESS: 390 ANYSTREET BLVD
DALLAS, TX 77000-0000-000

FILING STATUS: Married Filing Joint
FORM NUMBER: 1040
CYCLE POSTED: 20091408
RECEIVED DATE: _____
REMITTANCE: 0.00
EXEMPTION NUMBER: 5
DEPENDENT 1 NAME CTRL: ABGR
DEPENDENT 1 SSN: 000-00-0300
DEPENDENT 2 NAME CTRL: ABGS
DEPENDENT 2 SSN: 000-00-0400
DEPENDENT 3 NAME CTRL: ABGS
DEPENDENT 3 SSN: 000-00-0500
DEPENDENT 4 NAME CTRL: _____
DEPENDENT 4 SSN: _____
PREPARER SSN: _____
PREPARER EIN: _____

Income

WAGES, SALARIES, TIPS, ETC:	\$ 67,000.00
TAXABLE INTEREST INCOME: SCH B:	\$ 0.00
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
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
TOTAL IRA DISTRIBUTIONS:	\$ 0.00
TAXABLE IRA DISTRIBUTIONS:	\$ 0.00

✗ DO NOT SUBMIT

IRS Form 1040

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)

Your first name and middle initial: _____ Last name: _____ Your social security number: _____

Home address (number and street), if you have a P.O. box, see instructions. Apt. no. _____ Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. (Checking this box will not change your tax or refund.) Yes No

Foreign country name: _____ Foreign province/state/country: _____ Foreign postal code: _____

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

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

Dependents (see instructions): (1) First name: _____ Last name: _____ (2) Social security number: _____ (3) Relationship to you: _____ (4) If qualifies for (see instructions): child tax credit credit for other dependents

1 Wages, salaries, tips, etc. Attach Form(s) W-2 **1**

2a Tax-exempt interest **2a**

2b Qualified dividends **2b**

3a IRA distributions **3a**

3b Pensions and annuities **3b**

3c Social security benefits **3c**

4 Capital gain or loss. Attach Schedule D if required. If not required, check here **4**

7a Other income from Schedule 1, line 9 **7a**

7b Add lines 1, 2a, 2b, 3a, 3b, 4, 5b, 6, and 7a. This is your **total income** **7b**

8a Adjustments to income from Schedule 1, line 22 **8a**

8b Subtract line 8a from line 7b. This is your **adjusted gross income** **8b**

9 Standard deduction or itemized deductions (from Schedule A) **9**

10 Qualified business income deduction. Attach Form 8995 or Form 8995-A **10**

11a Add lines 9 and 10 **11a**

11b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- **11b**

12a Tax (see instructions). Check if any from Form(s) 1 8814 2 4872 3 **12a**

12b Add Schedule 2, line 3, and line 12a and enter the total **12b**

13a Child tax credit or credit for other dependents **13a**

13b Add Schedule 3, line 7, and line 13a and enter the total **13b**

14 Subtract line 13b from line 12b. If zero or less, enter -0- **14**

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**

17 Federal income tax withheld from Forms W-2 and 1099 **17**

18 Other payments and refundable credits: **18a**

18b Earned income credit (EIC) **18b**

18c Additional child tax credit. Attach Schedule 8812 **18c**

18d American opportunity credit from Form 8863, line 8 **18d**

18e Schedule 3, line 14 **18e**

18f Add lines 18a through 18d. These are your **total other payments and refundable credits** **18f**

19 Add lines 17 and 18f. These are your **total payments** **19**

20 If line 19 is more than line 16, subtract line 19 from line 16. This is the amount you **overpaid** **20**

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

21b Routing number **21b**

21c Account number **21c**

21d Type: Checking Savings **21d**

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**

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

Designer'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: _____ Date: _____ Your occupation: _____

Spouse's signature, if a joint return, **both** must sign. Date: _____ Spouse's occupation: _____

Phone no.: _____ Email address: _____

Preparer Use Only Preparer's name: _____ Preparer's signature: _____ Date: _____ PIN: _____ Check if: 3rd Party Designee Self-employed

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