

Tax Transcript Decoder[®]

COMPARISON OF 2017 TAX RETURN AND TAX TRANSCRIPT DATA
2019-20 Award Year (Version 1.0)



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October 2018

Comparison of 2017 Tax Return and Tax Transcript Data

FAFSA instructions direct applicants to obtain information from certain lines on IRS income tax returns, which differ based on whether the tax filer completed a Form 1040, 1040A or 1040EZ. For the most part, the instructions identify the relevant lines on the tax return 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 sample tax returns and corresponding tax return transcripts. 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 2019-20 award year.

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

Tax Return Line Items for 2019-20 Verification

	2017 1040EZ	2017 1040A	2017 1040
AGI	4	21	37
Income tax paid	10	28 minus 36	56 minus 46
Education credits	N/A	33	50
IRA deductions and payments		17	28 plus 32
Tax-exempt interest income		8b	8b
Untaxed portions of IRA distributions*		11a minus 11b	15a minus 15b
Untaxed portions of pensions*		12a minus 12b	16a minus 16b

Tax Return Transcript Line Items for 2019-20 Verification

	2017 1040 EZ	2017 1040A	2017 1040
AGI	"ADJUSTED GROSS INCOME PER COMPUTER"		
Income tax paid**	"TOTAL TAX LIABILITY TP FIGURES PER COMPUTER" <i>minus</i> "HEALTH CARE: INDIVIDUAL RESPONSIBILITY"	"TENTATIVE TAX PER COMPUTER" <i>minus</i> "TOTAL CREDITS PER COMPUTER"	"INCOME TAX AFTER CREDITS PER COMPUTER" <i>minus</i> "EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT"
Education credits	N/A	"EDUCATION CREDIT PER COMPUTER"	
IRA deductions and payments		"IRA DEDUCTION PER COMPUTER"	"KEOGH/SEP CONTRIBUTION DEDUCTION" <i>plus</i> "IRA DEDUCTION PER COMPUTER"
Tax-exempt interest income		"TAX-EXEMPT INTEREST"	
Untaxed portions of IRA distributions*		"TOTAL IRA DISTRIBUTIONS" <i>minus</i> "TAXABLE IRA DISTRIBUTIONS"	
Untaxed portions of pensions*		"TOTAL PENSIONS AND ANNUITIES" <i>minus</i> "TAXABLE PENSION/ANNUITY AMOUNT"	

*Exclude rollovers.

**For all transcripts, if income tax paid is negative, use '0' (zero).

Sample IRS Form 1040EZ: Hamilton Jensen

Department of the Treasury—Internal Revenue Service
Form 1040EZ **Income Tax Return for Single and Joint Filers With No Dependents** **2017** (99) OMB No. 1545-0074

Your first name and initial: **Hamilton** Last name: **Jensen** Your social security number: **AAA AA AAAA**

If a joint return, spouse's first name and initial: Last name: Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions. **4041 Poplar St** Apt. no. **▲ Make sure the SSN(s) above are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **San Antonio, TX 99999**

Foreign country name Foreign province/state/county Foreign postal code Presidential Election Campaign: You Spouse

Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment.	1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	657	00
	2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2		
	3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3		
	4	Add lines 1, 2, and 3. This is your adjusted gross income .	4	657	00
	5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,400 if single ; \$20,800 if married filing jointly . See back for explanation.	5	1,050	00
	6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6	0	00
Payments, Credits, and Tax	7	Federal income tax withheld from Form(s) W-2 and 1099.	7	15	22
	8a	Earned income credit (EIC) (see instructions)	8a		
	b	Nontaxable combat pay election. 8b	b		
	9	Add lines 7 and 8a. These are your total payments and credits .	9	15	22
	10	Tax . Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	0	00
Refund Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.	11	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	11		
	12	Add lines 10 and 11. This is your total tax .	12	0	00
	13a	If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	13a	15	22
Amount You Owe	b	Routing number X X X X X X X X X X c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d	Account number X X X X X X X X X X X X X X X X X X			
	14	If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe . For details on how to pay, see instructions.	14		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No				
Sign Here	Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.				
Joint return? See instructions. Keep a copy for your records.	Your signature <i>Hamilton J. Jensen</i>	Date 5/19/2018	Your occupation Student	Daytime phone number (555) 321-4654	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN	
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. Cat. No. 11329W Form **1040EZ** (2017)

Use this form if

- Your filing status is single or married filing jointly. If you are not sure about your filing status, see instructions.
 - You (and your spouse if married filing jointly) were under age 65 and not blind at the end of 2017. If you were born on January 1, 1953, you are considered to be age 65 at the end of 2017.
 - You do not claim any dependents. For information on dependents, see Pub. 501.
 - Your taxable income (line 6) is less than \$100,000.
 - You do not claim any adjustments to income. For information on adjustments to income, use the Tax Topics listed under *Adjustments to Income* at www.irs.gov/taxtopics (see instructions).
 - The only tax credit you can claim is the earned income credit (EIC). The credit may give you a refund even if you do not owe any tax. You do not need a qualifying child to claim the EIC. For information on credits, use the Tax Topics listed under *Tax Credits* at www.irs.gov/taxtopics (see instructions). If you received a Form 1098-T or paid higher education expenses, you may be eligible for a tax credit or deduction that you must claim on Form 1040A or Form 1040. For more information on tax benefits for education, see Pub. 970.
- Caution:** If you can claim the premium tax credit or you received any advance payment of the premium tax credit in 2017, you must use Form 1040A or Form 1040.
- You had only wages, salaries, tips, taxable scholarship or fellowship grants, unemployment compensation, or Alaska Permanent Fund dividends, and your taxable interest was not over \$1,500. But if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your Form W-2, you may not be able to use Form 1040EZ (see instructions). If you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund dividends, see instructions.
 - You are not claiming an increased standard deduction due to a loss you suffered related to property in a Presidentially declared disaster area. If you can increase your standard deduction due to such a loss, use Form 1040 instead. See Pub. 976 for more information.

Filling in your return

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the instructions before filling in the form. Also, see the instructions if you received a Form 1099-INT showing federal income tax withheld or if federal income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends.

For tips on how to avoid common mistakes, see instructions.

Remember, you must report all wages, salaries, and tips even if you do not get a Form W-2 from your employer. You must also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even if you do not get a Form 1099-INT.

Worksheet for Line 5 — Dependents Who Checked One or Both Boxes

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married filing jointly) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, see Pub. 501.

A. Amount, if any, from line 1 on front	<u>657.00</u>		
	+ <u>350.00</u>	Enter total ▶	A. <u>1,007</u>
B. Minimum standard deduction			B. <u>1,050</u>
C. Enter the larger of line A or line B here			C. <u>1,050</u>
D. Maximum standard deduction. If single , enter \$6,350; if married filing jointly , enter \$12,700			D. <u>6,350</u>
E. Enter the smaller of line C or line D here. This is your standard deduction			E. <u>1,050</u>
F. Exemption amount.			} F. <u>0</u>
• If single, enter -0-.			
• If married filing jointly and — —both you and your spouse can be claimed as dependents, enter -0-. —only one of you can be claimed as a dependent, enter \$4,050.			
G. Add lines E and F. Enter the total here and on line 5 on the front			G. <u>1,050</u>

(keep a copy for your records)

- If you did not check any boxes on line 5**, enter on line 5 the amount shown below that applies to you.
- Single, enter \$10,400. This is the total of your standard deduction (\$6,350) and your exemption (\$4,050).
 - Married filing jointly, enter \$20,800. This is the total of your standard deduction (\$12,700), your exemption (\$4,050), and your spouse's exemption (\$4,050).

Mailing Return

Mail your return by **April 17, 2018**. Mail it to the address shown on the last page of the instructions.

Sample Tax Transcript 1040EZ: Hamilton Jensen



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 06-02-2018
 Response Date: 06-02-2018
 Tracking Number: XXXXXXXXXXXXX
 Customer File Number: 7280844145

Tax Return Transcript

SSN Provided: XXX-XX-AAAA
 Tax Period Ending: Dec. 31, 2017

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-AAAA

NAME(S) SHOWN ON RETURN: JENS
 ADDRESS: 4041 P

FILING STATUS: Single
 FORM NUMBER: 1040EZ
 CYCLE POSTED: 20182105
 RECEIVED DATE: May 19, 2018
 REMITTANCE: \$0.00
 ⑤ EXEMPTION NUMBER: 0
 PTIN:
 PREPARER EIN:

Income

① WAGES, SALARIES, TIPS, ETC:.....\$657.00
 TAXABLE INTEREST INCOME:.....\$0.00
 TAX-EXEMPT INTEREST:.....\$0.00
 UNEMPLOYMENT COMPENSATION:.....\$0.00

Adjustments to Income

ADJUSTED GROSS INCOME:.....\$657.00
 ④ ADJUSTED GROSS INCOME PER COMPUTER:.....\$657.00
 DEPENDENT ON ANOTHER TP:.....YES
 FORM 1040EZ DEDUCTION AND EXEMPTION PER COMPUTER:.....\$1,050.00

Tax and Credits

TAXABLE INCOME:.....\$0.00
 TAXABLE INCOME PER COMPUTER:.....\$0.00

Other Taxes

TOTAL TAX LIABILITY TP FIGURES:.....\$15.22
 * TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$0.00

Payments

FEDERAL INCOME TAX WITHHELD:.....\$15.22
 OTHER PAYMENT CREDIT AMOUNT:.....\$0.00
 EARNED INCOME CREDIT:.....\$0.00
 EARNED INCOME CREDIT PER COMPUTER:.....\$0.00
 EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....\$0.00
 ** HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....\$0.00
 HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....1

⑩ * "Total Tax Liability TP Figures Per Computer" = \$0.00
 - ** "Health Care: Individual Responsibility" = \$0.00
 = *** Income Tax Paid = \$0.00

***If Income Tax Paid is negative, use '0' (zero).

Tracking Number: XXXXXXXXXXXXX

SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....\$0.00
TOTAL PAYMENTS:.....\$15.22
TOTAL PAYMENTS PER COMPUTER:.....\$15.22

Refund or Amount Owed

REFUND AMOUNT:.....\$-15.22
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$-15.22
BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$-15.22
FORM 8888 TOTAL REFUND PER COMPUTER:.....\$0.00

Third Party Designee

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

This Product Contains Sensitive Taxpayer Data

Sample IRS Form 1040A: Natalia Moralez

Form 1040A	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return (99)	2017	IRS Use Only—Do not write or staple in this space.		
Your first name and initial Natalia A		Last name Moralez			
		OMB No. 1545-0074			
		Your social security number B B B B B B B B B			
If a joint return, spouse's first name and initial		Last name			
		Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructions. 14525 Cliff View Ave			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			▲ Make sure the SSN(s) above and on line 6c are correct.		
Foreign country name		Foreign province/state/county	Foreign postal code		
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					
Filing status Check only one box.	1 <input type="checkbox"/> Single				
	2 <input type="checkbox"/> Married filing jointly (even if only one had income)				
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶			4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶		
5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)					
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.			Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ▶	
	b <input type="checkbox"/> Spouse				
If more than six dependents, see instructions.	c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
	(1) First name	Last name			
	Emma Moralez		CCC-CC-CCCC	Daughter	<input checked="" type="checkbox"/>
	Danielle Moralez		DDD-DD-DDDD	Daughter	<input type="checkbox"/>
					<input type="checkbox"/>
d Total number of exemptions claimed. 3					
Income					
7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 35,176 00					
8a Taxable interest. Attach Schedule B if required. 8a					
b Tax-exempt interest. Do not include on line 8a. 8b					
9a Ordinary dividends. Attach Schedule B if required. 9a					
b Qualified dividends (see instructions). 9b					
10 Capital gain distributions (see instructions). 10					
11a IRA distributions. 11a			11b Taxable amount (see instructions). 11b		
12a Pensions and annuities. 12a			12b Taxable amount (see instructions). 12b		
13 Unemployment compensation and Alaska Permanent Fund dividends. 13					
14a Social security benefits. 14a			14b Taxable amount (see instructions). 14b		
15 Add lines 7 through 14b (far right column). This is your total income. ▶ 15 35,176 00					
Adjusted gross income					
16 Educator expenses (see instructions). 16					
17 IRA deduction (see instructions). 17					
18 Student loan interest deduction (see instructions). 18					
19 Tuition and fees. Attach Form 8917. 19					
20 Add lines 16 through 19. These are your total adjustments. 20					
21 Subtract line 20 from line 15. This is your adjusted gross income. ▶ 21 35,176 00					

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11327A Form 1040A (2017)

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income).	22	35,176	00
	23a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind } Total boxes checked ▶ 23a <input type="text" value="0"/>			
	b	If you are married filing separately and your spouse itemizes deductions, check here ▶ 23b <input type="checkbox"/>			
	24	Enter your standard deduction .	24	9,350	00
	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	25,826	00
	26	Exemptions. Multiply \$4,050 by the number on line 6d.	26	12,150	00
	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income .	▶ 27	13,676	00
	28	Tax , including any alternative minimum tax (see instructions).	28	1,384	00
	29	Excess advance premium tax credit repayment. Attach Form 8962.	29		
	30	Add lines 28 and 29.	30	1,384	00
	31	Credit for child and dependent care expenses. Attach Form 2441.	31	192	00
	32	Credit for the elderly or the disabled. Attach Schedule R.	32		
	33	Education credits from Form 8863, line 19.	33		
	34	Retirement savings contributions credit. Attach Form 8880.	34		
	35	Child tax credit. Attach Schedule 8812, if required.	35	1,000	00
	36	Add lines 31 through 35. These are your total credits .	▶ 36	1,192	00
	37	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	192	00
	38	Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>	38		
	39	Add line 37 and line 38. This is your total tax .	39	192	00
	40	Federal income tax withheld from Forms W-2 and 1099.	40	1,095	00
	41	2017 estimated tax payments and amount applied from 2016 return.	41		
	42a	Earned income credit (EIC).	42a	2,071	00
	b	Nontaxable combat pay election. 42b			
	43	Additional child tax credit. Attach Schedule 8812.	43		
	44	American opportunity credit from Form 8863, line 8.	44		
	45	Net premium tax credit. Attach Form 8962.	45		
	46	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments .	▶ 46	3,166	00

Standard Deduction for—

- People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$6,350
 - Married filing jointly or Qualifying widow(er), \$12,700
 - Head of household, \$9,350

If you have a qualifying child, attach Schedule EIC.

Line 28
- Line 36
= Income Tax Paid *
\$192.00

Refund

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

47	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid .	47	2,974	00
48a	Amount of line 47 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	48a	2,974	00
b	Routing number <input type="text" value="XXXXXXXXXX"/> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number <input type="text" value="XXXXXXXXXXXXXXXXXXXXXXXXXX"/>			
49	Amount of line 47 you want applied to your 2018 estimated tax .	49		

Amount you owe

50	Amount you owe. Subtract line 46 from line 39. For details on how to pay, see instructions.	▶ 50		
51	Estimated tax penalty (see instructions).	51		

Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes**. Complete the following. **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign here

Joint return? See instructions. Keep a copy for your records.

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature <i>Natalia A. Moralez</i>	Date 4/15/2018	Your occupation Sales Associate	Daytime phone number (555) 541-2122
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid preparer use only

Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

*If Income Tax Paid is negative, use '0' (zero).

Sample Tax Transcript 1040A: Natalia Morales



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 03-20-2018
Response Date: 03-20-2018
Tracking Number: XXXXXXXXXX
Customer File Number:

Tax Return Transcript

SSN Provided: XXX-XX-BBBB
Tax Period Ending: Dec. 31, 2017

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.

NAME(S) SHOWN ON RETURN: MORA
ADDRESS: 1452 C
SSN: XXX-XX-BBBB
SPOUSE SSN:

FILING STATUS: HEAD OF HOUSEHOLD
FORM NUMBER: 1040A
CYCLE POSTED: 20180905
RECEIVED DATE: Apr.15, 2018
REMITTANCE: \$0.00
EXEMPTION NUMBER: 3
DEPENDENT 1 NAME CTRL: MORA
DEPENDENT 1 SSN: XXX-XX-CCCC
DEPENDENT 2 NAME CTRL: MORA
DEPENDENT 2 SSN: XXX-XX-DDDD
DEPENDENT 3 NAME CTRL:
DEPENDENT 3 SSN:
DEPENDENT 4 NAME CTRL:
DEPENDENT 4 SSN:
PTIN:
PREPARER EIN:

Income

7 WAGES, SALARIES, TIPS, ETC: \$35,176.00
TAXABLE INTEREST INCOME: \$0.00
8b TAX-EXEMPT INTEREST: \$0.00
ORDINARY DIVIDEND INCOME: SCH B: \$0.00
QUALIFIED DIVIDENDS: \$0.00
CAPITAL GAIN OR LOSS: (Schedule D): \$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER: \$0.00
11a-11b TOTAL IRA DISTRIBUTIONS: \$0.00
TAXABLE IRA DISTRIBUTIONS: \$0.00
12a-12b TOTAL PENSIONS AND ANNUITIES: \$0.00
TAXABLE PENSION/ANNUITY AMOUNT: \$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
SCH EIC DISQUALIFIED INC COMPUTER: \$0.00
TOTAL INCOME: \$35,176.00
TOTAL INCOME PER COMPUTER: \$35,176.00

Adjustments to Income

EDUCATOR EXPENSES: \$0.00
EDUCATOR EXPENSES PER COMPUTER: \$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY: \$0.00
IRA DEDUCTION: \$0.00
17 IRA DEDUCTION PER COMPUTER: \$0.00

STUDENT LOAN INTEREST DEDUCTION:.....\$0.00
 STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:.....\$0.00
 TUITION AND FEES DEDUCTION:.....\$0.00
 TUITION AND FEES DEDUCTION PER COMPUTER:.....\$0.00
 TOTAL ADJUSTMENTS:.....\$0.00
 TOTAL ADJUSTMENTS PER COMPUTER:.....\$0.00
 ADJUSTED GROSS INCOME:.....\$35,176.00
21 ADJUSTED GROSS INCOME PER COMPUTER:.....\$35,176.00

Tax and Credits

65-OR-OVER:.....NO
 BLIND:.....NO
 SPOUSE 65-OR-OVER:.....NO
 SPOUSE BLIND:.....NO
 EXEMPTION AMOUNT PER COMPUTER:.....\$12,150.00
 TAXABLE INCOME:.....\$13,676.00
 TAXABLE INCOME PER COMPUTER:.....\$13,676.00
 TENTATIVE TAX:.....\$1,384.00
*** TENTATIVE TAX PER COMPUTER:.....\$1,384.00**
 EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:.....\$0.00
 EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:.....\$0.00
 CHILD & DEPENDENT CARE CREDIT:.....\$192.00
 CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....\$192.00
 CREDIT FOR ELDERLY AND DISABLED:.....\$0.00
 CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....\$0.00
 EDUCATION CREDIT:.....\$0.00

33 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
 CHILD TAX CREDIT:.....\$1,000.00
 CHILD TAX CREDIT PER COMPUTER:.....\$1,000.00
 ADOPTION CREDIT: F8839:.....\$0.00
 ADOPTION CREDIT PER COMPUTER:.....\$0.00
 TOTAL CREDITS:.....\$1,192.00
**** TOTAL CREDITS PER COMPUTER:.....\$1,192.00**

Other Taxes

OTHER TAXES PER COMPUTER:.....\$0.00
 TOTAL TAX LIABILITY TP FIGURES:.....\$192.00
 TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$192.00

	* "Tentative Tax Per Computer"	\$1,384.00
-	** "Total Credits Per Computer"	- 1,192.00
=	*** Income Tax Paid	= \$ 192.00

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Payments

FEDERAL INCOME TAX WITHHELD:.....\$1,095.00
 HEALTH CARE: INDIVIDUAL RESPONSIBILTY:.....\$0.00
 HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....1
 ESTIMATED TAX PAYMENTS:.....\$0.00
 OTHER PAYMENT CREDIT AMOUNT:.....\$0.00
 REFUNDABLE EDUCATION CREDIT:.....\$0.00
 REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....\$0.00
 REFUNDABLE EDUCATION CREDIT VERIFIED:.....\$0.00
 EARNED INCOME CREDIT:.....\$2,071.00
 EARNED INCOME CREDIT PER COMPUTER:.....\$2,071.00
 EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....\$0.00
 SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....\$0.00
 SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....\$0.00
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....\$0.00

***If Income Tax Paid is negative, use '0' (zero).

Tracking Number: XXXXXXXXXXXXX

SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....\$0.00
PREMIUM TAX CREDIT AMOUNT:.....\$0.00
PREMIUM TAX CREDIT VERIFIED AMOUNT:.....\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....\$0.00
TOTAL PAYMENTS:.....\$3,166.00
TOTAL PAYMENTS PER COMPUTER:.....\$3,166.00

Refund or Amount Owed

REFUND AMOUNT:.....\$-2,974.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX:.....\$0.00
ESTIMATED TAX PENALTY:.....\$0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$-2,974.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$-2,974.00
FORM 8888 TOTAL REFUND PER COMPUTER:.....\$0.00

Third Party Designee

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

Form 2441--Child and Dependent Care Expenses

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

PART II CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

NUMBER OF QUALIFYING PERSONS:.....1
SSNS NOT REQ'D IND:.....0
CHILD 1 NAME CONTROL:.....MORA
CHILD 1 SSN:.....XXX-XX-CCCC
CHILD 1 QUALFIED EXPENSE:.....\$800.00
CHILD 2 NAME CONTROL:.....
CHILD 2 SSN:.....
CHILD 2 QUALFIED EXPENSE:.....\$0.00
AMOUNT OF QUALIFIED EXPENSES:.....\$800.00
EARNED INCOME-PRIMARY:.....\$35,176.00
EARNED INCOME-SECONDARY:.....\$35,176.00
PRIOR YEAR CHILD CARE EXPENSES:.....\$0.00
PRIOR YEAR CHILD CARE EXPENSES PER COMPUTER:.....\$0.00
CHILD AND DEPENDENT CARE BASE AMOUNT PER COMPUTER:.....\$800.00

PART III DEPENDENT CARE BENEFITS

DEPENDENT CARE EMPLOYER BENEFITS:.....\$0.00
QUALIFIED EXPENSES EMPLOYER INCURRED:.....\$0.00
DEPENDENT CARE EXCLUDED BENEFITS:.....\$0.00
GROSS CHILD CARE CREDIT PER COMPUTER:.....\$192.00
TOTAL QUALIFYING EXPENSES PER COMPUTER:.....\$800.00

Schedule EIC--Earned Income Credit

QUALIFIED EIC DEPENDENTS

CHILD 1

CHILD'S NAME CNTRL:.....MORA
SSN:.....XXX-XX-DDDD
YEAR OF BIRTH:.....1996
STUDENT/DISABLED:.....1
NUMBER OF MONTHS CHILD LIVED WITH YOU:.....12
CHILD'S RELATIONSHIP TO YOU:.....son or daughter

CHILD 2

CHILD'S NAME CNTRL:.....MORA
SSN:.....XXX-XX-CCCC
YEAR OF BIRTH:.....2010
STUDENT/DISABLED:.....0
NUMBER OF MONTHS CHILD LIVED WITH YOU:.....12
CHILD'S RELATIONSHIP TO YOU:.....son or daughter

CHILD 3

CHILD'S NAME CNTRL:.....
SSN:.....
YEAR OF BIRTH:.....0000
STUDENT/DISABLED:.....0
NUMBER OF MONTHS CHILD LIVED WITH YOU:.....
CHILD'S RELATIONSHIP TO YOU:
.....no relationship indicated or determination can be made be

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

Form 8867 Paid Preparer's Earned Income Credit Checklist

TAXPAYER PROVIDED INFORMATION:.....Yes box checked
WORKSHEET COMPLETED:.....Yes box checked
KNOWLEDGE REQUIREMENT:.....Yes box checked
INCORRECT INFORMATION:.....No box checked
RECORD RETENTION REQUIREMENT:.....Yes box checked
TAXPAYER PROVIDED DOCUMENTS:.....Yes box checked
SELF EMPLOYMENT INCOME:.....Neither box checked
TIEBREAKER RULES EXPLAINED EIC:.....Yes box checked
CHILD LIVED WITH TAXPAYER CTC:.....Yes box checked
TAXPAYER PROVIDED 1098T AOTC:.....Neither box checked
F8867 CERTIFICATION:.....Yes box checked
EIC CLAIMED:.....Yes box checked
CTC ACTC CLAIMED:.....Yes box checked
AOTC CLAIMED:.....Neither box checked
ELIGIBLE TO CLAIM EIC:.....Yes box checked

This Product Contains Sensitive Taxpayer Data

Sample IRS Form 1040: Vanna Nguyen

Form **1040**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return (99)

2017

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20

See separate instructions.

Your first name and initial Vanna E	Last name Nguyen	Your social security number EEE EE EEEE
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
1234 Kovac Ave

Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Brea, CA 99999

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

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.
 You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶ _____

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____

5 Qualifying widow(er) with dependent child

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b **1**

No. of children on 6c who:
• lived with you _____
• did not live with you due to divorce or separation (see instructions) _____

Dependents on 6c not entered above _____

Add numbers on lines above ▶ **1**

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Line	Description	Amount	Amount
7	Wages, salaries, tips, etc. Attach Form(s) W-2	39,840	00
8a	Taxable interest. Attach Schedule B if required	4,052	00
8b	Tax-exempt interest. Do not include on line 8a	91	00
9a	Ordinary dividends. Attach Schedule B if required	6,866	00
9b	Qualified dividends	5,695	00
10	Taxable refunds, credits, or offsets of state and local income taxes		
11	Alimony received		
12	Business income or (loss). Attach Schedule C or C-EZ	165	00
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7,866	00
14	Other gains or (losses). Attach Form 4797		
15a	IRA distributions		
15b	Taxable amount		
16a	Pensions and annuities		
16b	Taxable amount		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		
18	Farm income or (loss). Attach Schedule F		
19	Unemployment compensation		
20a	Social security benefits		
20b	Taxable amount		
21	Other income. List type and amount SEE ATTACHED	62	00
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	58,851	00

Adjusted Gross Income

Line	Description	Amount	Amount
23	Educator expenses		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ		
25	Health savings account deduction. Attach Form 8889		
26	Moving expenses. Attach Form 3903		
27	Deductible part of self-employment tax. Attach Schedule SE		
28	Self-employed SEP, SIMPLE, and qualified plans	30	00
29	Self-employed health insurance deduction		
30	Penalty on early withdrawal of savings		
31a	Alimony paid b Recipient's SSN ▶ _____		
31b	Taxable amount		
32	IRA deduction		
33	Student loan interest deduction		
34	Tuition and fees. Attach Form 8917		
35	Domestic production activities deduction. Attach Form 8903		
36	Add lines 23 through 35		30 00
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	58,821	00

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2017)

*Income earned from work is the sum of lines 7, 12, and 18 for form 1040, and box 14 (Code A) of the Schedule K-1 for form 1065. If any of these values are negative, treat them as zero when determining the income earned from work. Source: 2018-19 FSA Handbook, p. AVG-14.

Tax and Credits

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	58,821	00
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } checked ▶ 39a 0			
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>			
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	15,259	00
41	Subtract line 40 from line 38	41	43,562	00
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050	00
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	39,512	00
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	3,717	00
45	Alternative minimum tax (see instructions). Attach Form 6251	45		
46	Excess advance premium tax credit repayment. Attach Form 8962	46	0	00
47	Add lines 44, 45, and 46	47	3,717	00
48	Foreign tax credit. Attach Form 1116 if required	48	124	00
49	Credit for child and dependent care expenses. Attach Form 2441	49		
50	Education credits from Form 8863, line 19	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Child tax credit. Attach Schedule 8812, if required	52		
53	Residential energy credits. Attach Form 5695	53		
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
55	Add lines 48 through 54. These are your total credits	55	124	00
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	3,593	00

Line 56
- Line 46
= Income Tax Paid **

Other Taxes

57	Self-employment tax. Attach Schedule SE	57		
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58		
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
60a	Household employment taxes from Schedule H	60a		
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61		
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62		
63	Add lines 56 through 62. This is your total tax	63	3,593	00

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	7,839	00
65	2017 estimated tax payments and amount applied from 2016 return	65		
66a	Earned income credit (EIC)	66a		
b	Nontaxable combat pay election 66b			
67	Additional child tax credit. Attach Schedule 8812	67		
68	American opportunity credit from Form 8863, line 8	68		
69	Net premium tax credit. Attach Form 8962	69		
70	Amount paid with request for extension to file	70		
71	Excess social security and tier 1 RRTA tax withheld	71		
72	Credit for federal tax on fuels. Attach Form 4136	72		
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	7,839	00

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,246	00
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	4,246	00
b	Routing number <input type="checkbox"/> X X X X X X X X X X ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number <input type="checkbox"/> X X X X X X X X X X X X X X X X X X			
77	Amount of line 75 you want applied to your 2017 estimated tax ▶	77		

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78		
79	Estimated tax penalty (see instructions)	79		

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

Joint return? See instructions. Keep a copy for your records.

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>Vanna E. Nguyen</i>	Date 4/15/2018	Your occupation Consultant	Daytime phone number (555) 253-6988
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

** If Income Tax Paid is negative, use '0' (zero).



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 03-10-2018
 Response Date: 03-10-2018
 Tracking Number: XXXXXXXXXXXXX
 Customer File Number: 0246764231

Tax Return Transcript

SSN Provided: XXX-XX-EEEE
 Tax Period Ending: Dec. 31, 2017

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-EEEE

SPOUSE SSN:

NAME(S) SHOWN ON RETURN: NGUY

ADDRESS: 1234 K

FILING STATUS: Single
 FORM NUMBER: 1040
 CYCLE POSTED: 20180901
 RECEIVED DATE: Apr.15, 2018
 REMITTANCE: \$0.00

6d EXEMPTION NUMBER: 1

DEPENDENT 1 NAME CTRL:
 DEPENDENT 1 SSN:
 DEPENDENT 2 NAME CTRL:
 DEPENDENT 2 SSN:
 DEPENDENT 3 NAME CTRL:
 DEPENDENT 3 SSN:
 DEPENDENT 4 NAME CTRL:
 DEPENDENT 4 SSN:

6c PTIN:

PREPARER EIN:

Income

7 * WAGES, SALARIES, TIPS, ETC: \$39,840.00

TAXABLE INTEREST INCOME: SCH B: \$4,052.00

8b TAX-EXEMPT INTEREST: \$91.00

ORDINARY DIVIDEND INCOME: SCH B: \$6,866.00

QUALIFIED DIVIDENDS: \$5,695.00

REFUNDS OF STATE/LOCAL TAXES: \$0.00

ALIMONY RECEIVED: \$0.00

BUSINESS INCOME OR LOSS (Schedule C): \$165.00

12 * BUSINESS INCOME OR LOSS: SCH C PER COMPUTER: \$165.00

CAPITAL GAIN OR LOSS: (Schedule D): \$7,866.00

CAPITAL GAINS OR LOSS: SCH D PER COMPUTER: \$7,866.00

OTHER GAINS OR LOSSES (Form 4797): \$0.00

15a - 15b TOTAL IRA DISTRIBUTIONS: \$0.00

TAXABLE IRA DISTRIBUTIONS: \$0.00

16a - 16b TOTAL PENSIONS AND ANNUITIES: \$0.00

TAXABLE PENSION/ANNUITY AMOUNT: \$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 PER COMPUTER: \$0.00

FARM INCOME OR LOSS (Schedule F): \$0.00

18 * FARM INCOME OR LOSS (Schedule F) PER COMPUTER: \$0.00

UNEMPLOYMENT COMPENSATION: \$0.00

*Income earned from work is the sum of lines 7, 12, and 18 for form 1040, and box 14 (Code A) of the Schedule K-1 for form 1065. If any of these values are negative, treat them as zero when determining the income earned from work. Source: 2018-19 FSA Handbook, p. AVG-14.

TOTAL SOCIAL SECURITY BENEFITS:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$0.00
OTHER INCOME:	\$62.00
SCHEDULE EIC SE INCOME PER COMPUTER:	\$0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:	\$0.00
SCH EIC DISQUALIFIED INC COMPUTER:	\$0.00
TOTAL INCOME:	\$58,851.00
TOTAL INCOME PER COMPUTER:	\$58,851.00

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
25 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
28 KEOGH/SEP CONTRIBUTION DEDUCTION:	\$30.00
SELF-EMP HEALTH INS DEDUCTION:	\$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$0.00
ALIMONY PAID SSN:	\$0.00
ALIMONY PAID:	\$0.00
IRA DEDUCTION:	\$0.00
32 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:	\$30.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$30.00
ADJUSTED GROSS INCOME:	\$58,821.00
37 ADJUSTED GROSS INCOME PER COMPUTER:	\$58,821.00

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:	\$43,562.00
EXEMPTION AMOUNT PER COMPUTER:	\$4,050.00
TAXABLE INCOME:	\$39,512.00
TAXABLE INCOME PER COMPUTER:	\$39,512.00
TOTAL POSITIVE INCOME PER COMPUTER:	\$58,851.00
TENTATIVE TAX:	\$3,717.00
TENTATIVE TAX PER COMPUTER:	\$3,717.00
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:	\$124.00
FOREIGN TAX CREDIT PER COMPUTER:	\$124.00
FOREIGN INCOME EXCLUSION PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:	\$0.00
** 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

**See next page.

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CREDIT FOR ELDERLY AND DISABLED:	\$0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$0.00
EDUCATION CREDIT:	\$0.00
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 TAX CREDIT:	\$0.00
CHILD TAX CREDIT PER COMPUTER:	\$0.00
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:	\$124.00
TOTAL CREDITS PER COMPUTER:	\$124.00

*** INCOME TAX AFTER CREDITS PER COMPUTER: \$3,593.00

***"Income Tax After Credits Per Computer"	\$3,593.00
- **"Excess Advance Premium Tax Credit Repayment Amount"	- \$0.00
= **** Income Tax Paid	= \$3,593.00

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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:	\$3,593.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:	\$3,593.00
OTHER TAXES PER COMPUTER:	\$0.00
UNPAID FICA ON REPORTED TIPS:	\$0.00
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:	\$3,593.00
TOTAL TAX LIABILITY TP FIGURES:	\$3,593.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:	\$3,593.00

Payments

FEDERAL INCOME TAX WITHHELD:	\$7,839.00
HEALTH CARE: INDIVIDUAL RESPONSIBILITY:	\$0.00
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:	1
ESTIMATED TAX PAYMENTS:	\$0.00
OTHER PAYMENT CREDIT:	\$0.00
REFUNDABLE EDUCATION CREDIT:	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:	\$0.00

***If Income Tax Paid is negative, use '0' (zero).

REFUNDABLE EDUCATION CREDIT VERIFIED:.....	\$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
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:.....	\$7,839.00
TOTAL PAYMENTS PER COMPUTER:.....	\$7,839.00

Refund or Amount Owed

REFUND AMOUNT:.....	-\$4,246.00
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:.....	-\$4,246.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....	-\$4,246.00
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:.....	\$14,559.00
ADJUSTED GROSS INCOME PERCENTAGE:.....	\$4,412.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 10 PERCENT:.....	\$0.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 7.5 PERCENT:.....	\$4,411.00
NET MEDICAL DEDUCTION:.....	\$10,147.00
NET MEDICAL DEDUCTION PER COMPUTER:.....	\$10,148.00

TAXES PAID

STATE AND LOCAL INCOME TAXES:.....	\$2,749.00
INCOME TAX OR GENERAL SALES TAX:.....	Income Taxes
REAL ESTATE TAXES:.....	\$0.00
PERSONAL PROPERTY TAXES:.....	\$0.00
OTHER TAXES AMOUNT:.....	\$0.00
SCH A TAX DEDUCTIONS:.....	\$2,749.00
SCH A TAX PER COMPUTER:.....	\$2,749.00

INTEREST PAID

MORTGAGE INTEREST (FINANCIAL):.....	\$0.00
MORTGAGE INTEREST (INDIVIDUAL):.....	\$0.00
DEDUCTIBLE POINTS:.....	\$0.00
QUALIFIED MORTGAGE INSURANCE PREMIUMS:.....	\$0.00
DEDUCTIBLE INVESTMENT INTEREST:.....	\$0.00
TOTAL INTEREST DEDUCTION:.....	\$0.00

TOTAL INTEREST DEDUCTION PER COMPUTER:.....\$0.00

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS:.....\$1,545.00
OTHER THAN CASH: Form 8283:.....\$0.00
CARRYOVER FROM PRIOR YEAR:.....\$0.00
SCH A TOTAL CONTRIBUTIONS:.....\$1,545.00
SCH A TOTAL CONTRIBUTIONS PER COMPUTER:.....\$1,545.00

CASUALTY AND THEFT LOSS

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

JOBS AND MISCELLANEOUS

UNREIMBURSED EMPLOYEE EXPENSE AMOUNT:.....\$1,925.00
TOTAL LIMITED MISC EXPENSES:.....\$1,994.00
NET LIMITED MISC DEDUCTION:.....\$818.00
NET LIMITED MISC DEDUCTION PER COMPUTER:.....\$818.00

OTHER MISCELLANEOUS

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

TOTAL ITEMIZED DEDUCTIONS

TOTAL ITEMIZED DEDUCTIONS:.....\$15,259.00
TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$15,259.00
RECOMPUTED TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$0.00
ELECT ITEMIZED DEDUCTION INDICATOR:.....
SCH A ITEMIZED PERCENTAGE PER COMPUTER:.....\$0.

Interest and Dividends

GROSS SCHEDULE B INTEREST:.....\$4,052.00
TAXABLE INTEREST INCOME:.....\$4,052.00
EXCLUDABLE SAVINGS FROM BOND INT:.....\$0.00
GROSS SCHEDULE B DIVIDENDS:.....\$6,866.00
DIVIDEND INCOME:.....\$6,866.00
FOREIGN ACCOUNTS IND:.....No
REQUIRED TO FILE FINCEN FORM 114:.....No

Schedule C--Profit or Loss From Business

SOCIAL SECURITY NUMBER:.....XXX-XX-EEEE
EMPLOYER ID NUMBER:.....
BUSINESS NAME:.....ABC CONSULTING CO
DESCRIPTION OF BUSINESS/PROFESSION:.....CONSULTANT
NAICS CODE:.....611710
ACCT MTHD:.....
FIRST TIME SCHEDULE C FILED:.....N
STATUTORY EMPLOYEE IND:.....N

INCOME

GROSS RECEIPTS OR SALES:.....\$369.00
RETURNS AND ALLOWANCES:.....\$0.00
NET GROSS RECEIPTS:.....\$0.00
COST OF GOODS SOLD:.....\$0.00
SCHEDULE C FORM 1099 REQUIRED:.....NO
SCHEDULE C FORM 1099 FILED:.....NONE
OTHER INCOME:.....\$0.00

EXPENSES

CAR AND TRUCK EXPENSES:.....\$0.00
DEPRECIATION:.....\$0.00
INSURANCE (OTHER THAN HEALTH):.....\$0.00
MORTGAGE INTEREST:.....\$0.00
LEGAL AND PROFESSIONAL SERVICES:.....\$0.00
REPAIRS AND MAINTENANCE:.....\$0.00
TRAVEL:.....\$0.00
MEALS AND ENTERTAINMENT:.....\$0.00

WAGES:.....\$0.00
 OTHER EXPENSES:.....\$0.00
 TOTAL EXPENSES:.....\$204.00
 EXP FOR BUSINESS USE OF HOME:.....\$0.00
 SCH C NET PROFIT OR LOSS PER COMPUTER:.....\$165.00
 AT RISK CD:.....
 OFFICE EXPENSE AMOUNT:.....\$0.00
 UTILITIES EXPENSE AMOUNT:.....\$0.00

COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR:.....\$0.00
 INVENTORY AT END OF YEAR:.....\$0.00

Schedule D—Capital Gains and Losses

SHORT TERM CAPITAL GAINS AND LOSSES

SHORT TERM BASIS NO ADJUSTMENTS SALE AMOUNT:.....\$0.00
 SHORT TERM BASIS NO ADJUSTMENTS COST AMOUNT:.....\$0.00
 SHORT TERM BASIS SALE AMOUNT:.....\$5,991.00
 SHORT TERM BASIS COST AMOUNT:.....\$5,606.00
 SHORT TERM BASIS ADJUSTMENTS:.....\$0.00
 SHORT TERM NO BASIS SALE AMOUNT:.....\$0.00
 SHORT TERM NO BASIS COST AMOUNT:.....\$0.00
 SHORT TERM NO BASIS ADJUSTMENTS:.....\$0.00
 SHORT TERM NO 1099B SALE AMOUNT:.....\$0.00
 SHORT TERM NO 1099B COST AMOUNT:.....\$0.00
 SHORT TERM NO 1099B ADJUSTMENTS:.....\$0.00
 SHORT TERM SCHEDULE K-1 AMOUNT:.....\$0.00
 NET SHORT-TERM GAIN/LOSS:.....\$385.00

LONG TERM CAPITAL GAINS AND LOSSES

LONG TERM BASIS NO ADJUSTMENTS SALE AMOUNT:.....\$0.00
 LONG TERM BASIS NO ADJUSTMENTS COST AMOUNT:.....\$0.00
 LONG TERM BASIS SALE AMOUNT:.....\$26,152.00
 LONG TERM BASIS COST AMOUNT:.....\$20,707.00
 LONG TERM BASIS ADJUSTMENTS:.....\$0.00
 LONG TERM NO BASIS SALE AMOUNT:.....\$0.00
 LONG TERM NO BASIS COST AMOUNT:.....\$0.00
 LONG TERM NO BASIS ADJUSTMENTS:.....\$0.00
 LONG TERM NO 1099B SALE AMOUNT:.....\$0.00
 LONG TERM NO 1099B COST AMOUNT:.....\$0.00
 LONG TERM NO 1099B ADJUSTMENTS:.....\$0.00
 LONG TERM SCHEDULE K-1 AMOUNT:.....\$0.00
 CAPITAL GAIN DISTRIBUTIONS (PR):.....\$2,036.00
 NET LONG-TERM GAIN/LOSS:.....\$7,481.00

TAX COMPUTATION USING MAXIMUM CAPITAL GAINS RATES

28% RATE GAIN:.....\$0.00
 UNRECAPTURED SECT: 1250 GAIN:.....\$0.00
 SCH D 15% TAX CMPTR:.....\$234.30
 CAPITAL GAINS LESS INVEST INCOME PER COMPUTER:.....\$7,481.00
 CAP GAINS TENTATIVE AMT PER COMPUTER (1):.....\$13,176.00
 CAP GAINS TAX AMT PER COMPUTER (1):.....\$3,483.00
 CAP GAINS TENTATIVE AMT PER COMPUTER (2):.....\$11,614.00
 CAP GAINS TAX AMT PER COMPUTER (5):.....\$0.00
 CAP GAINS TAX AMT PER COMPUTER (6):.....\$0.00
 SCHEDULE D TAX PER COMPUTER:.....\$3,717.30

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 2017 W-2 Form, Reference Guide for Box 12 Codes, and Sample Form W-2 Wage and Tax Statement

Appendix B

Criteria for 2019-20 Simplified Needs Formulas and Automatic Zero EFC Calculation

Appendix C

2017 Federal Tax Year: Eligible to File a 1040A/EZ?

Appendix D

Current Year Transcript Availability

Appendix E

References, Resources and Websites – Tax Returns and Transcripts

Appendix A

Sample 2017 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, coded 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.

22222		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)		1 Wages, tips, other compensation 69247.62		2 Federal income tax withheld 12475.71	
c Employer's name, address, and ZIP code		3 Social security wages 74411.62		4 Social security tax withheld 4613.52	
		5 Medicare wages and tips 74411.62		6 Medicare tax withheld 1078.97	
		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 C 224.18	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b DD 15208.44	
		14 Other		12c E 5164.00	
				12d	
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc. 69247.62	
		17 State income tax 5208.98		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement

2017

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 (but not Additional Medicare Tax)	L	Substantiated employee business expense reimbursements	W	Employer contributions (including employee contributions through a cafeteria plan) to an employee's health savings account (HSA)
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 plan (including a SIMPLE 401(k) arrangement)	N	Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (but not Additional Medicare Tax) (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 employee	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

Sample 2017 Form W-2 Wage and Tax Statement



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 10-16-2018*
Response Date: 10-16-2018
Tracking Number: XXXXXXXXXXXX

Wage and Income Transcript

SSN Provided: XXX-XX-FFFF
Tax Period Ending: December 2017

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):

Employee:
Employee's Social Security Number: XXX-XX-FFFF
VANN
1234 K

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$69,247.00 -- -- -- --> Box 1
Federal Income Tax Withheld:.....\$12,475.00 -- --> Box 2
Social Security Wages:.....\$74,411.00 -- -- -- --> Box 3
Social Security Tax Withheld:.....\$4,613.00 -- --> Box 4
Medicare Wages and Tips:.....\$74,411.00 -- -- -- --> Box 5
Medicare Tax Withheld:.....\$1,078.00 -- --> Box 6
Social Security Tips:.....\$0.00 -- -- -- --> Box 7
Allocated Tips:.....\$0.00 -- --> Box 8
Dependent Care Benefits:.....\$0.00 -- -- -- --> Box 10
Deferred Compensation:.....\$5,164.00 -- --> 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:.....\$15,208.00
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
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Yes - retirement plan
Statutory Employee:.....Not Statutory Employee
W2 Submission Type:.....Original
W2 WHC SSN Validation Code:.....Correct SSN

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

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Appendix B

Criteria for 2019-20 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 2017 AGI of \$49,999 or less (for tax filers), or if non-filers, income earned from work in 2017 is \$49,999 or less; and ■ Either <ul style="list-style-type: none"> - Parents filed or are eligible* to file 2017 IRS Form 1040A or 1040EZ (or 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 benefits** during 2017 or 2018, or - Parent is a dislocated worker. 	<ul style="list-style-type: none"> ■ Parents had a 2017 AGI of \$26,000 or less (for tax filers), or if non-filers, income earned from work in 2017 is \$26,000 or less; and ■ Either <ul style="list-style-type: none"> - Parents filed or are eligible* to file 2017 IRS Form 1040A or 1040EZ (or 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 benefits** during 2017 or 2018, 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 2017 AGI of \$49,999 or less (for tax filers), or if non-filers, income earned from work in 2017 is \$49,999 or less; and ■ Either <ul style="list-style-type: none"> - Student (and spouse, if any) filed or are eligible* to file 2017 IRS 1040A or 1040EZ (or 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 benefits** during 2017 or 2018, 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 2017 AGI of \$49,999 or less (for tax filers), or if non-filers, income earned from work in 2017 is \$49,999 or less; and ■ Either <ul style="list-style-type: none"> - Student (and spouse, if any) filed or are eligible* to file 2017 IRS 1040A or 1040EZ (or 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 benefits** during 2017 or 2018, or - Student (or spouse, if any) is a dislocated worker. 	<ul style="list-style-type: none"> ■ Student (and spouse, if any) had a 2017 AGI of \$26,000 or less (for tax filers), or if non-filers, income earned from work in 2017 is \$26,000 or less; and ■ Either <ul style="list-style-type: none"> - Student (and spouse, if any) filed or are eligible* to file 2017 IRS 1040A or 1040EZ (or 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 benefits** during 2017 or 2018, or - Student (or spouse, if any) is a dislocated worker.

*A foreign tax return counts as an IRS Form 1040. A tax return for Puerto Rico, Guam, American Samoa, or the Virgin Islands counts as a Form 1040A or 1040EZ.

**Benefits 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

2017 Federal Tax Year: Eligible to File a 1040A/EZ?

“If you have filed or will file a 1040, were you eligible to file a 1040A or 1040EZ” (2019-2020 FAFSA questions 35 and 83.)

YES, **IF** taxable income from line 43 is less than \$100,000 **–AND–**

IF amounts (other than zero) do not appear on the following lines, except as noted below for lines 13, 40 and 44:

1040 Section	Line #	Description
Income	10	Taxable refunds, credits or offsets of state and local income taxes
	11	Alimony received
	12	Business income or loss
	13	Capital gain or loss (ignore amount unless Schedule D was required)
	14	Other gains or losses
	17	Rental real estate, royalties, partnerships, etc.
	18	Farm income or loss
	21	Other income
Adjusted Gross Income	24	Certain business expenses of reservists, performing artists and fee-basis government officials
	25	Health savings account deduction
	26	Moving expenses
	27	Deductible part of self-employment tax
	28	Self-employed SEP, SIMPLE, and qualified plans
	29	Self-employed health insurance deduction
	30	Penalty on early withdrawal of savings
	31a	Alimony paid
	35	Domestic production activities deduction
Tax and Credits	40	Itemized or standard deduction (ignore amount unless itemized deductions were taken) *
	43	Taxable income must be less than \$100,000
	44	Tax (ignore amount unless any box is checked on line 44)
	48	Foreign tax credit
	53	Residential energy credits
	54	Other credits from Form 3800, 8801 or other
Other Taxes	57	Self-employment tax
	58	Unreported social security and Medicare tax from Form 4137 or 891.
	59	Additional tax on IRAs, other qualified retirement plans, etc.
	60a	Household employment taxes from Schedule H
	60b	First-time homebuyer credit repayment
	62	Taxes from Form 8959, 8960 or other
Payments	72	Credit for federal tax on fuels
	73	Credits from Form 2439, 8885 or other

***On an IRS tax return transcript, the ‘Standard Deduction Per Computer’ line amount will show as a zero for someone who itemized.**

If all of the above conditions apply, the tax filer was eligible to file a 1040A or 1040EZ but filed a 1040 for other reasons. Therefore, the tax filer should answer YES to question 35 (student) or 83 (parent) on the 2019-2020 FAFSA.

Sample IRS Form 1040: Eligible to File a 1040A/EZ?

Form **1040**

Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

2017

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20 **See separate instructions.**

Your first name and initial **Vanna E** Last name **Nguyen** Your social security number **EEE | EE | EEEE**

If a joint return, spouse's first name and initial _____ Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. **1234 Kovac Ave** Apt. no. _____ **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Brea, CA 99999** **Presidential Election Campaign**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____ **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.** You Spouse

Filing Status 1 Single 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. **Boxes checked on 6a and 6b: 1**
c **Dependents:** (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions) **No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)**
If more than four dependents, see instructions and check here **Dependents on 6c not entered above**
d Total number of exemptions claimed **Add numbers on lines above: 1**

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	39,840	00
	8a	Taxable interest. Attach Schedule B if required	8a	4,052	00
	b	Tax-exempt interest. Do not include on line 8a	8b	91	00
	9a	Ordinary dividends. Attach Schedule B if required	9a	6,866	00
	b	Qualified dividends	9b	5,695	00
	10	Taxable refunds, credits, or offsets of state and local income taxes	10		
	11	Alimony received	11		
	12	Business income or (loss). Attach Schedule C or C-EZ	12	165	00
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	* 7,866	00
	14	Other gains or (losses). Attach Form 4797	14		
	15a	IRA distributions	15a		
	b	Taxable amount	15b		
	16a	Pensions and annuities	16a		
	b	Taxable amount	16b		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17			
18	Farm income or (loss). Attach Schedule F	18			
19	Unemployment compensation	19			
20a	Social security benefits	20a			
b	Taxable amount	20b			
21	Other income. List type and amount SEE ATTACHED	21	62	00	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	58,851	00	

Adjusted Gross Income	23	Educator expenses	23		
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
	25	Health savings account deduction. Attach Form 8889	25		
	26	Moving expenses. Attach Form 3903	26		
	27	Deductible part of self-employment tax. Attach Schedule SE	27		
	28	Self-employed SEP, SIMPLE, and qualified plans	28	30	00
	29	Self-employed health insurance deduction	29		
	30	Penalty on early withdrawal of savings	30		
	31a	Alimony paid b Recipient's SSN <input type="checkbox"/>	31a		
	32	IRA deduction	32		
	33	Student loan interest deduction	33		
	34	Tuition and fees. Attach Form 8917	34		
	35	Domestic production activities deduction. Attach Form 8903	35		
	36	Add lines 23 through 35	36	30	00
37	Subtract line 36 from line 22. This is your adjusted gross income	37	58,821	00	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2017)

*Ignore amount on line 13 unless Schedule D was required (as indicated by an un-checked box).

**Write-in adjustments require the taxpayer to complete a form 1040.

38	Amount from line 37 (adjusted gross income)	38	58,821	00
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a 0			
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>			
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	** 15,259	00
41	Subtract line 40 from line 38	41	43,562	00
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050	00
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	39,512	00
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	*** 3,717	00
45	Alternative minimum tax (see instructions). Attach Form 6251	45		
46	Excess advance premium tax credit repayment. Attach Form 8962	46	0	00
47	Add lines 44, 45, and 46	47	3,717	00
48	Foreign tax credit. Attach Form 1116 if required	48	124	00
49	Credit for child and dependent care expenses. Attach Form 2441	49		
50	Education credits from Form 8863, line 19	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Child tax credit. Attach Schedule 8812, if required	52		
53	Residential energy credits. Attach Form 5695	53		
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
55	Add lines 48 through 54. These are your total credits	55	124	00
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	3,593	00
57	Self-employment tax. Attach Schedule SE	57		
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58		
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
60a	Household employment taxes from Schedule H	60a		
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61		
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62		
63	Add lines 56 through 62. This is your total tax	63	3,593	00
64	Federal income tax withheld from Forms W-2 and 1099	64	7,839	00
65	2017 estimated tax payments and amount applied from 2016 return	65		
66a	Earned income credit (EIC)	66a		
b	Nontaxable combat pay election 66b	66b		
67	Additional child tax credit. Attach Schedule 8812	67		
68	American opportunity credit from Form 8863, line 8	68		
69	Net premium tax credit. Attach Form 8962	69		
70	Amount paid with request for extension to file	70		
71	Excess social security and tier 1 RRTA tax withheld	71		
72	Credit for federal tax on fuels. Attach Form 4136	72		
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	7,839	00
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,246	00
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	4,246	00
b	Routing number X X X X X X X X X X ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number X X X X X X X X X X X X X X X X X X			
77	Amount of line 75 you want applied to your 2017 estimated tax ▶ 77	77		

Refund

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶ **78**

79 Estimated tax penalty (see instructions) **79**

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 *Vanna E Nguyen* Date 4/15/2018 Your occupation Consultant Daytime phone number (555) 253-6988

Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

**Ignore amount on line 40 unless itemized deductions were taken. Compare to standard deduction amounts described in left-hand margin.
 ***Ignore amount on line 44 unless any box is checked.



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 03-10-2018
 Response Date: 03-10-2018
 Tracking Number: XXXXXXXXXXXXX
 Customer File Number: 0246764231

Tax Return Transcript

SSN Provided: XXX-XX-EEEE
 Tax Period Ending: Dec. 31, 2017

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-EEEE
 SPOUSE SSN:

NAME(S) SHOWN ON RETURN: NGUY

ADDRESS: 1234 K

FILING STATUS:	Single
FORM NUMBER:	1040
CYCLE POSTED:	20180901
RECEIVED DATE:	Apr.15, 2018
REMITTANCE:	\$0.00
EXEMPTION NUMBER:	1
DEPENDENT 1 NAME CTRL:	
DEPENDENT 1 SSN:	
DEPENDENT 2 NAME CTRL:	
DEPENDENT 2 SSN:	
DEPENDENT 3 NAME CTRL:	
DEPENDENT 3 SSN:	
DEPENDENT 4 NAME CTRL:	
DEPENDENT 4 SSN:	
PTIN:	
PREPARER EIN:	

Income

	WAGES, SALARIES, TIPS, ETC:.....	\$39,840.00
	TAXABLE INTEREST INCOME: SCH B:.....	\$4,052.00
	TAX-EXEMPT INTEREST:.....	\$91.00
	ORDINARY DIVIDEND INCOME: SCH B:.....	\$6,866.00
	QUALIFIED DIVIDENDS:.....	\$5,695.00
10	REFUNDS OF STATE/LOCAL TAXES:.....	\$0.00
11	ALIMONY RECEIVED:.....	\$0.00
	BUSINESS INCOME OR LOSS (Schedule C):.....	\$165.00
12	BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....	\$165.00
	CAPITAL GAIN OR LOSS: (Schedule D):.....	\$7,866.00
13*	CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....	\$7,866.00
14	OTHER GAINS OR LOSSES (Form 4797):.....	\$0.00
	TOTAL IRA DISTRIBUTIONS:.....	\$0.00
	TAXABLE IRA DISTRIBUTIONS:.....	\$0.00
	TOTAL PENSIONS AND ANNUITIES:.....	\$0.00
	TAXABLE PENSION/ANNUITY AMOUNT:.....	\$0.00
	RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):.....	\$0.00
17	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 PER COMPUTER:.....	\$0.00
	FARM INCOME OR LOSS (Schedule F):.....	\$0.00
18	FARM INCOME OR LOSS (Schedule F) PER COMPUTER:.....	\$0.00
	UNEMPLOYMENT COMPENSATION:.....	\$0.00

*Ignore amount on line 13 unless Schedule D was required.

TOTAL SOCIAL SECURITY BENEFITS:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$0.00
21 OTHER INCOME:	\$62.00
SCHEDULE EIC SE INCOME PER COMPUTER:	\$0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:	\$0.00
SCH EIC DISQUALIFIED INC COMPUTER:	\$0.00
TOTAL INCOME:	\$58,851.00
TOTAL INCOME PER COMPUTER:	\$58,851.00

Adjustments to Income

EDUCATOR EXPENSES:	\$0.00
EDUCATOR EXPENSES PER COMPUTER:	\$0.00
24 RESERVIST AND OTHER BUSINESS EXPENSE:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION:	\$0.00
25 HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:	\$0.00
26 MOVING EXPENSES: F3903:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION:	\$0.00
27 SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:	\$0.00
28 KEOGH/SEP CONTRIBUTION DEDUCTION:	\$30.00
29 SELF-EMP HEALTH INS DEDUCTION:	\$0.00
30 EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$0.00
ALIMONY PAID SSN:	
31 ALIMONY PAID:	\$0.00
IRA DEDUCTION:	\$0.00
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
35 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:	\$30.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$30.00
ADJUSTED GROSS INCOME:	\$58,821.00
ADJUSTED GROSS INCOME PER COMPUTER:	\$58,821.00

Tax and Credits

OR-OVER:	NO
BLIND:	NO
SPOUSE 65-OR-OVER:	NO
SPOUSE BLIND:	NO
40*** STANDARD DEDUCTION PER COMPUTER:	\$0.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:	\$0.00
TAX TABLE INCOME PER COMPUTER:	\$43,562.00
EXEMPTION AMOUNT PER COMPUTER:	\$4,050.00
TAXABLE INCOME:	\$39,512.00
43 TAXABLE INCOME PER COMPUTER:	\$39,512.00
TOTAL POSITIVE INCOME PER COMPUTER:	\$58,851.00
TENTATIVE TAX:	\$3,717.00
TENTATIVE TAX PER COMPUTER:	\$3,717.00
44 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:	\$124.00
48 FOREIGN TAX CREDIT PER COMPUTER:	\$124.00
FOREIGN INCOME EXCLUSION PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:	\$0.00
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

***These are write-in adjustments and require the taxpayer to complete a form 1040.

***The 'Standard Deduction per Computer' line will show as a zero for someone who itemized.

CREDIT FOR ELDERLY AND DISABLED:	\$0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$0.00
EDUCATION CREDIT:	\$0.00
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
53 RESIDENTIAL ENERGY CREDIT PER COMPUTER:	\$0.00
CHILD TAX CREDIT:	\$0.00
CHILD TAX CREDIT PER COMPUTER:	\$0.00
ADOPTION CREDIT: F8839:	\$0.00
54 ADOPTION CREDIT PER COMPUTER:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT:	\$0.00
54 FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:	\$0.00
F3800, F8801 AND OTHER CREDIT AMOUNT:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS:	\$0.00
54 FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801:	\$0.00
54 PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
54 F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
54 F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:	\$0.00
OTHER CREDITS:	\$0.00
TOTAL CREDITS:	\$124.00
TOTAL CREDITS PER COMPUTER:	\$124.00
INCOME TAX AFTER CREDITS PER COMPUTER:	\$3,593.00

Other Taxes

SE TAX:	\$0.00
57 SE TAX PER COMPUTER:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:	\$0.00
58 SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:	\$0.00
TAX ON QUALIFIED PLANS F5329 (PR):	\$0.00
59 TAX ON QUALIFIED PLANS F5329 PER COMPUTER:	\$0.00
IRAF TAX PER COMPUTER:	\$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:	\$3,593.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:	\$3,593.00
62 OTHER TAXES PER COMPUTER:	\$0.00
UNPAID FICA ON REPORTED TIPS:	\$0.00
OTHER TAXES:	\$0.00
62 RECAPTURE TAX: F8611:	\$0.00
HOUSEHOLD EMPLOYMENT TAXES:	\$0.00
60 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:	\$3,593.00
TOTAL TAX LIABILITY TP FIGURES:	\$3,593.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:	\$3,593.00

Payments

FEDERAL INCOME TAX WITHHELD:	\$7,839.00
HEALTH CARE: INDIVIDUAL RESPONSIBILITY:	\$0.00
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:	1
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
	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
73	FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....	\$0.00
	FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....	\$0.00
72	FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....	\$0.00
73	HEALTH COVERAGE TX CR: F8885:.....	\$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
60	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
73	FORM 2439 AND OTHER CREDITS:.....	\$0.00
	TOTAL PAYMENTS:.....	\$7,839.00
	TOTAL PAYMENTS PER COMPUTER:.....	\$7,839.00

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, 1040A, or 1040EZ 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: Update to Previously Announced Verification process for Nontax-Filers
<https://ifap.ed.gov/fregisters/attachments/FR032818.pdf>

Dear Colleague Letters

- Subject: 2019-2020 Award Year: FAFSA® Information to be Verified and Acceptable Documentation
<https://ifap.ed.gov/dpccletters/GEN1803.html>

Electronic Announcements

- Subject: IRS Announced Updated Tax Transcripts Redacting Sensitive Information
<https://ifap.ed.gov/eannouncements/100418IRSAnnUpdatedTaxTranscriptsRedactSenInfo.html>
Subject: 2018-2019 FAFSA Verification-IRS Tax Return Transcript Matrix
<https://ifap.ed.gov/eannouncements/060618FAFSA1819VerifIRSTaxReturnTranscriptMatrix.html>
- Subject: Update to Previously Announced Verification process for Nontax-Filers
<https://ifap.ed.gov/eannouncements/072117UpdatePrevAnnouncVerifProcforNontaxFilers.html>
- Subject: Changes to the IRS Data Retrieval Tool Process for the 2018-2019 FAFSA
<https://ifap.ed.gov/eannouncements/080717ChangestoIRSVRT1819FAFSAForm.html>

2018-2019 Federal Student Aid Handbook

- Application and Verification Guide
 - Chapter 2: Filling Out the FAFSA
 - Chapter 4: Verification, Updates, and Corrections<https://ifap.ed.gov/fsahandbook/1819FSAHbkAVG.html>

Program Integrity Questions and Answers - Verification

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

Federal Student Aid Glossary and Acronyms

<https://ifap.ed.gov/fsahandbook/attachments/1718FSAHbkAppendixA.pdf>

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/tax-return-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>

Cheryl Hunt joined NASFAA’s Training and Regulatory Assistance team in 2018 as a NASFAA U Instructor. She created the Tax Transcript Decoder© to help financial aid professionals better understand and navigate a somewhat complex IRS document. Cheryl has worked nearly 30 years in the field of financial aid. She began her career as a financial aid director at a small private college in Southern California. Cheryl later worked in a variety of roles in the financial aid offices at Chapman University and Azusa Pacific University. Prior to joining NASFAA, she provided financial aid training on behalf of USA Funds. Being an instructor for NASFAA U allows her to fulfill her passion for training. Cheryl lives with her husband in Eugene, Oregon. She enjoys hiking and is a devoted Oregon Ducks football fan.

