



The Authority on Financial Aid

2020-2021 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.

2018 Tax Year

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

✓ SUBMIT

2018 IRS Tax Return Transcript

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 03-04-20
Response Date: 03-04-20
Tracking Number: 10800070432

SSN Provided: 000-00-0100
Tax Period Ending: Dec. 31, 20

Tax Return Transcript

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (FC), 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: 300 ANYSTREET BLVD DALLAS, TX 77000-0000-000

FILING STATUS: Married Filing Joint
FORM NUMBER: 1040
CYCLE POSTED: 20091408
RECEIVED DATE: Feb. 15, 2009
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) **2018** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

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

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

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

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street), if you have a P.O. box, see instructions: _____ Apt. no.: _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule B: _____ If more than four dependents, see inst. and ✓ here:

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.)
			Child tax credit	Credit for other dependents
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: _____
If the IRS sent you an Identity Protection PIN, enter it here (see inst.): _____

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

Paid Preparer Use Only
Preparer's name: _____ Preparer's signature: _____ PTIN: _____ Firm's EIN: _____
Firm's name: _____ Phone no.: _____
Firm's address: _____
Check if: Self-employed 3rd Party Designee

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11200B Form **1040** (2018)

Form 1040 (2018) Page 2

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1
2a	Tax-exempt interest	2a
2b	Taxable interest	2b
3a	Qualified dividends	3a
3b	Ordinary dividends	3b
4a	IRAs, pensions, and annuities	4a
4b	Taxable amount	4b
5a	Social security benefits	5a
5b	Taxable amount	5b
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7
8	Standard deduction or itemized deductions (from Schedule A)	8
9	Qualified business income deduction (see instructions)	9
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10
11a	a Tax (see inst.). Check if any from: 1 Form(s) 8814 2 Form 4972 3 <input type="checkbox"/>	11
11b	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12
13	Subtract line 12 from line 11. If zero or less, enter -0-	13
14	Other taxes. Attach Schedule 4	14
15	Total tax. Add lines 13 and 14	15
16	Federal income tax withheld from Forms W-2 and 1099	16
17	Refundable credits: a EIC (see inst.) b Sch. 8814 c Form 8883	17
18	Add any amount from Schedule 5	17
18	Add lines 16 and 17. These are your total payments	18
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	20a
20b	Rouling number <input type="checkbox"/> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	20
21	Amount of line 19 you want applied to your 2019 estimated tax	21
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22
23	Estimated tax penalty (see instructions)	23

Go to www.irs.gov/Form1040 for instructions and the latest information. Form **1040** (2018)

Details on ordering an IRS Tax Return Transcript: www.hesaa.org/Documents/RequestIRSTRT.pdf
 Order an IRS Tax Return Transcript online: www.irs.gov
 Order an IRS Tax Return Transcript by phone: 1-800-908-9946