

## 2020 Income Verification Requirement TRIO Student Support Services Mount Mary University

In Section III of the Promise Program application, it outlines whether you need to provide us with your own individual tax return, or with your parents'/guardians' tax return. Per regulations, the information we need to verify is the taxable income for **2019**, as well as household size (exemptions/how many people were claimed on the tax return).

This information can be found on the federal 1040 form.	
lease see the back side of this page for an example of the forms and where on the information can be found.	form this
If a federal tax return is unavailable, or if you/your parents/guardians did not file taxes for	the year

Vickie LeFlore, Promise Program Director Haggerty Library, room 019 leflorev@mtmary.edu | (414) 930-3269

## Sample Form -

Please submit a copy of the 2019 1040 form (pictured below), along with your completed Promise Program application.

£104	0 Des	sartment of the Treasury—Internal Revenue Se S. Individual Income Ta	ax Re	turn	20	19 OMB No. 15	45-0074	IRS Use Onl	v-Do not	write or staple in this space.	
Filing Status			_		arataly ages	- OND NO. 10	10-001-				
Check only	_	Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)  If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is									
one box.		nild but not your dependent.									
Your first nam	ne and m	niddle initial	Last name						Your social security number		
If joint return,	spouse'	s first name and middle initial	Last	ast name					Spouse	Spouse's social security number	
Home address	s (numb	er and street). If you have a P.O. box, s	ee instru	ctions.				Apt. no.		ential Election Campaign re if you, or your spouse if filing	
City, town or p	post offi	ce, state, and ZIP code. If you have a fo	oreign ad	dress, also	complete :	spaces below (see inst	tructions	).	jointly, wa Checking	ant \$3 to go to this fund. a box below will not change your	
Foreign count	ry name	,		Foreign	province/sta	ste/county	Fore	ign postal code	tax or refu	than four dependents,	
										tructions and 🗸 here 🕨 🔲	
Standard Deduction	promp	seone can claim:  You as a depen Spouse itemizes on a separate return of				a dependent					
Age/Blindness	You	: Were born before January 2, 19	55 🔲	Are blind	Spouse	: Was born bef	fore Janu	uary 2, 1955	Is b	lind	
Dependents	(see in		(2	) Social sec	curity number	(3) Relationship to	you			or (see instructions):	
(1) First name		Last name	-	_	_		-	Child tax o	redit	Credit for other dependents	
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	1	Wages, salaries, tips, etc. Attach For	rm(s) W-2						. 1		
	2a	Tax-exempt interest	2a			<b>b</b> Taxable interest					
Standard	3a	Qualified dividends	3a			<b>b</b> Ordinary dividen		h Sch. B if requi			
Deduction for- Single or Married	4a	IRA distributions	4a			b Taxable amoun			- 41		
filing separately, \$12,200	5a	Pensions and annuities	4c 5a			d Taxable amoun			- 46		
Married filing	6 6	Capital gain or (loss). Attach Schedu	_	puired. If or	ot required				_ 6		
jointly or Qualifying widow(er),	7a	Other income from Schedule 1, line 9							. 7		
\$24,400 • Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, an	d 7a. Thi	s is your to	tal income				► 7t	b	
household, \$18,350	8a	Adjustments to income from Schedu	ule 1, line	22					. 8	a	
<ul> <li>If you checked any box under</li> </ul>	b	Subtract line 8a from line 7b. This is							▶ 8	b	
Standard Deduction,	9	Standard deduction or itemized de					9				
see instructions.	10 11a	Qualified business income deduction Add lines 9 and 10	n. Attach	Form 8995	or Form 89	95-A L	10	- N N N N	. 11		
	11a	Taxable income. Subtract line 11a f	rom line l	Sh. If zero			4 0				
For Disclosure	, Privad	y Act, and Paperwork Reduction Act							- 11		
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