

Acceptable Financial Documentation

All documents should be the most recent documentation as it relates to the current school year.

- Most recent 1040 Form with student's name
- Most recent 1040 Form without student's name plus a <u>Financial Explanation Form</u> from parents stating who claimed the student
- Most recent W2 Form of any person
- 1 Month of paystubs (must be most recent available) from any person living in the home regardless of age
- Current Social Security
 - Social Security Letter with parent name
 - Social Security Letter with student name (ex: Cynthia Miller for Leah Miller)
 - Typically, we will be asked for more information because if they receive this type of SSI they also receive some other types of assistance
 - Social Security Benefits Statement
- Current Child Support
- Current Food Stamps (SNAP)
- Current Ward of the State Letter

Please reference Samples of Acceptable Documents on our website for examples of the above information.

FINANCIAL DOCUMENT SAMPLES

1040 IRS form with student's name

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ROSSING

Filing Status Check only one box.	If yo	Single Marrie u checked the MF on is a child but n		name o		separately (M use. If you ch				Constant of the second second			
Your first name	-		ot your depende	Last	name						Your so	cial security	number
If joint return, sp	ouse's	first name and midd	lle initial	Last	ame					1	Spouse's	s social secu	urity number
Home address (numbe	r and street). If you h	ave a P.O. box, s	ee instruc	tions.				1	Apt. no.		tial Election	
City, town, or po	ost offic	ce. If you have a fore	ign address, also	complete	spaces bel	ow.	State		ZIP o	ode	spouse i to go to	if filing joint this fund. C	y, want \$3 hecking a
Foreign country	name				Foreio	ince/state/c	ounty		Forei	gn postal code		or refund.	Spouse
-	-	20, did you receiv						-	st in a	any virtual cu	urrency?	Yes	No
Standard Deduction		eone can claim: Spouse itemizes of	You as a on a separate ref			Your spouse dual-status a		ependent		-	_		
Age/Blindness	You:	Were born be	efore January		Are bl	ind Spo	use:	Was bor	m bef	ore January	2, 1956	Is blir	nd
Dependents		instructions):			100.0	and all and a state of		3) Relationsh	-	ind a	and the fact	(see instruc	tionely
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If student's name is not on form, a financial explanation must be provided.



FINANCIAL DOCUMENT SAMPLES Example W-2 Form

22222	a Employee's social security number 123-45-6789	OMB No. 154	5-0008			
b Employer identification num	ber (EIN) 11-2233444		1 Wa	ages, tips, other compensation \$47,000.00	2 Federal income \$4,700	
c Employer's name, address,	and ZIP code		3 Sc	\$50,000.00	4 Social security \$3,100	
	Big Employer 123 Easy Street Washington, DC 12345		5 M	edicare wages and tips \$50,000.00	6 Medicare tax w \$725.0	
	Washington, DO 12345		7 Sc	ocial security tips	8 Allocated tips	
d Control number			9		10 Dependent car	e benefits
e Employee's first name and i	nitial Last name	Suff.	11 No	onqualified plans	12a	
	Ima B. Taxpayer		13 St.	player plan slok pay	12b	
	456 Main Street Philadelphia, PA 12345		14 Ot	her	12c	
f Employee's address and ZIF	2 code				12d	
15 State Employer's state ID r PA 55-222222222		17 State incor \$1,535.0		18 Local wages, tips, etc. \$50,000.00	19 Local income tax \$800.00	20 Locality name TGP
1						
Form W-2 Wage	and Tax Statement	20	2	Department o	of the Treasury-Internation	al Revenue Service
Copy 1-For State, City, or	Local Tax Department	ZV.				



FINANCIAL DOCUMENT SAMPLES Example Paystub

ACME SUPPLIES CORP. 475 KNAPP AVENUE ANYTOWN, USA 10101

Social Security Number: 999-99-999 Taxable Marital Status: Married Exemptions/Allowances: Federal: 3, §25 Additional Tax State: 2 Local: 2 Period ending: Pay date: April 1, 2025 April 1, 2025

JANE HARPER 101 MAIN STREET ANYTOWN, USA 12345

Earnings	rate	hours	this period	year to date	Other Benefits and	d	
Regular	10.00	32.00	320.00	16,640.00	Information	this period	total to date
Overtime	15.00	1.00	15.00	780.00	Group Term Life	0.51	27.00
Holiday	10.00	8.00	80.00	4,160.00	Loan Amt Paid		840.00
Tuition			37.43*	1,946.80			
	Gross P	av	\$ 452.43	23,526.80	Vac Hrs		40.00
					Sick Hrs		16.00
Deductions	Statutor	N .			Title	Operator	
	and the second second	Income Tax	- 40.60	2.111.20			
		ecurity Tax	- 28.05	1,458.60			
	Medicar		- 6.56	341.12	Important Notes		
		e Income Tax	- 8.43	438.36	EFFECTIVE THIS PAY P		AD
		ome Tax	- 5.94	308.88			
	NY SUI/		- 0.60	31.20	HOURLY RATE HAS BE	EN CHANGED FHOM	1 56.00
		ODI TRA	- 0.00	31.20	TO \$10.00 PER HOUR.		
	Other						
	Bond		- 5.00	100.00	WE WILL BE STARTING		
	401(k)		- 28.85*	1,500.20	DRIVE SOON AND LOO	K FORWARD TO YO	UR
	Stock Pl	lan	-15.00	150.00	PARTICIPATION.		
	Life Insu	rance	- 5.00	50.00			
	Loan		- 30.00	150.00			
	Adjustr	nent					
	Life Insu	rance	+ 13.50				
	Net Pay	1	\$ 291.90				
			eral taxable way this period are				
ASC	ACME SU 475 KNAI	PPLIES CORP. PP AVENUE N, USA 10101		019.5 II 19.482.007	Payroll check numl Pay date: Social Security No.	723	E01382
Pay to the order of:	JANE H	ARPER			all C		
This amount:	TWO HU	NDRED NINET	Y-ONE AND 90	100 DOLLARS			\$291.9
	SAM	PLE		ALL	Authinged	1. +	

001379 #122000496:4040110157*



FINANCIAL DOCUMENT SAMPLES Child Support Statement

PAYMENT HISTORY REPORT

LICKING COUNTY CHILD SUPPORT ENFORCEMENT AGENCY 65 E. MAIN STREET NEWARK, OH 43058-0338 (740)670-5998 (800)513-1128 FINANCIAL TRANSACTION HISTORY FOR PERIOD: 10/01/2010 - 09/25/2012

Case Number	n.	Order Nu	mber:	OH450	Date Printed:	09/25/2012	
Obligee Name	0:				Monthly Supp	ort	
Obligor Name	a:				Child:	\$	231.97
					Additional:	\$	261.64
As Of: 09/25/	2012				Total:	\$	493.61
Unpaid Balan	ice: \$36,397.48	Total C	redits: \$0.00	7	unds on Hold:	\$0.00	
Transaction	Collection	Alloc	ation	Disburs	ement To	Disbur	sements
Date	Amount	Current	Arrears	Family	Other	Refunded	Fees Paid
09/13/2012				113.91			
09/13/2012	113.91	113.91					
09/07/2012				113.91			

Social Security - SSA-1099

United States Ra	Address, City, State, and ailroad Retiremer hicago IL 60611-1 [;] ying No.	it Board	2024 Statement for Nonresident Alien Recipients of Payments by the Railroad Retirement Board	Copy B - For Recipient's Records This information is being furnished to the Internal Revenue Service
Unique Form Identifier Recipient's Name, Stre	r eet Address, City, State, a	Amendment Number	6. Claim Number and Payee Code	7. Recipient's U.S. Taxpayer Identification Number
			8. Recipient's Chapter 3 Status Code	9. Recipient's Date of Birth
			10. Gross Benefft Paid in 2020	11. Benefit Repaid to RRB in 2020
		2	12. Net Benefit Paid in 2020	13. Federal Tax Withheld
1. Income Code	2. Chapter Indicator	3. Chapter 3 Status Code	14. Country	15. Tax Rate
4. Chapter 4 Status Co	de 5. Employee Co	ntributions	16. Exemption Code	17. Medicare Premium Total
		FORM R	RB-1042S (01-21)	



FINANCIAL DOCUMENT SAMPLES Social Security - Benefits Letter

SOCIAL SECURITY ADMINISTRATION

Date: June 27, Claim Number: XXX-XX-2205C1

FOR CARSON

and a state of the state

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2014, the full monthly Social Security benefit before any deductions is.....\$ 1195.20

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is......\$ 1195.00 (We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

There was no cost of living adjustment in Social Security benefits in December 2015. The benefit amount shown is current as of the date on this letter.

SUSPECT SOCIAL SECURITY FRAUD?

Please visit http://oig.ssa.gov/r or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).



FINANCIAL DOCUMENT SAMPLES SNAP Benefits Notice

FS 02 Your application for SNAP dated MARCH 28, 2016 has been approved. You are certified for the Food Stamps program from UUNE, 2016 through FEBRUARY, 2017. You will also receive the following benefit(s): UUNE 2016 5648.00 Your regular monthly benefit will be \$649.00 beginning UULY, 2016 and for each subsequent month. Your issuance day is based on the first latter of your last name according to the following schedule, 11, Day 13 (J, K, L), Day 15 (M, N), Day 17 (G, P, Q, R), Day 7 (C, D) Day 3 (E, F, B), Schedule, 11, Day 13 (J, K, L), Day 15 (M, N), Day 17 (G, P, Q, R), Day 18 (S), Day 21 (T, U, Y), Day 23 (W, X, Y, Z). So that we can find out if your household can centinue receiving Food Stamps, we will send a form to in the Sth month of your certification pon the form is called a Food Stamp. The form must signed, dated and refurcist by you do not return the completed form and/or do not sand proof c changes, your food Stamps benefits will end. For food Stamps, the only change required to be reported is when your household's gross monthly income is more than the amount listed below for any calendar month. This change must be reported by the 10th of the month following the change. Income limit \$2,628.00. (You must report if your monthly gross income is more than this amount.		Mailing Date : 08/01/10
DOD2430 SOUTH BEND, IN 46813 Telephone : (800) 403-0884 Fax : 1-800-403-0864 Fax : 1	MARION, IN 46952	
SOUTH BEND. IN 46613 To lephone : (800) 403-0884 Fax : 1-800-403-0864 Tex : 1-800-403-0864 MPORTANT NOTICE ABOUT YOUR BENEFITS MARCAN AND AND AND AND AND AND AND AND AND A		Case : 1027284676
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FINANCIAL DOCUMENT SAMPLES Food Stamp Issuance History

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FINANCIAL DOCUMENT SAMPLES Individual Child Placement Referral (ICPR)

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12.20	INDIANA DEPARTMENT OF
Con Barton	CHILD
1000	SERVICES

Indiana Department of Child Services Room E-306 - MS47 302 W. Washington St. Indianapolis, IN 46204-2739 Phone: 317-234-5437 Fax: 317-234-4497 www.in.gov/dcs Child Support Hotline: 800-840-8757 Child Abuse and Neglect Hotline: 800-800-5556

PL-202370 Status Approved

INDIVIDUAL CHILD PLACEMENT REFERRAL ("ICPR") (Residential Form)

CPA/Co	entractor Information	
LIFELI	NE YOUTH AND	FAMILY SERVICES INC 4150 ILLINOIS RD FORT WAYNE, IN 46804-
Services	to all the terms of the (DCS), the below-m ial treatment services	Contractor's "Residential Treatment Services Provider Contract" ("Contract") with the Indiana Department of Chil tentioned Child is being placed through Contractor in a licensed residential program for the purposes of providing
1. Progr	ram and Payment.	
a.	Residential Progra	m: GROUP HOME - Lifeline (Spencer Home)
b.	Payment rate:	243.57
2. Child	Information	
a.	Name:	juli - Tanta - J
b.	Date of Birth:	12/21/1998
If eligibl	e for Medicaid on th	e effective date of this ICPR, the Child's Medicaid Number is:
3.	a new ICPR may be By its signature on for appropriate prov administration of n Behavioral health.	the master Contract under which this referral is made, DCS authorizes Contractor to provide or arrange vision of, routine or emergency medical care for Child under DCS' care and supervision, as needed, including the outine medication while Child is placed with Contractor under this ICPR.
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