NUTRITION SERVICES INCOME ELIGIBILITY GUIDELINES

JULY 1, 2020 - JUNE 30, 2021

| Household Size | | | Free Meals | | Reduced Price Meals | | | | | |
|--|--------|---------|--------------------|-----------------------|---------------------|--------|---------|--------------------|-----------------------|--------|
| | Annual | Monthly | Twice per Month | Every Two Weeks | Weekly | Annual | Monthly | Twice per Month | Every Two Weeks | Weekly |
| 1 | 16,588 | 1,383 | 692 | 638 | 319 | 23,606 | 1,968 | 984 | 908 | 454 |
| 2 | 22,412 | 1,868 | 934 | 862 | 431 | 31,894 | 2,658 | 1,329 | 1,227 | 614 |
| 3 | 28,236 | 2,353 | 1,177 | 1,086 | 543 | 40,182 | 3,349 | 1,675 | 1,546 | 773 |
| 4 | 34,060 | 2,839 | 1,420 | 1,310 | 655 | 48,470 | 4,040 | 2,020 | 1,865 | 933 |
| 5 | 39,884 | 3,324 | 1,662 | 1,534 | 767 | 56,758 | 4,730 | 2,365 | 2,183 | 1,092 |
| 6 | 45,708 | 3,809 | 1,905 | 1,758 | 879 | 65,046 | 5,421 | 2,711 | 2,502 | 1,251 |
| 7 | 51,532 | 4,295 | 2,148 | 1,982 | 991 | 73,334 | 6,112 | 3,056 | 2,821 | 1,411 |
| 8 | 57,356 | 4,780 | 2,390 | 2,206 | 1,103 | 81,622 | 6,802 | 3,401 | 3,140 | 1,570 |
| For each additional family member add: | 5,824 | 486 | 243 | 224 | 112 | 8,288 | 691 | 346 | 319 | 160 |

If households report multiple frequencies of pay, total income must be calculated on an annual basis. Use the following conversions: Annual Income Conversion: Weekly X 52; Every 2 Weeks X 26; Twice a Month X 24; Monthly X 12

| Tee & Neudced Frice School Weals I allilly A | zppiicai | | - complete 0 | ne application | i hei iinnaeiini | u Alla | GIIIIGII | . U. ZUAA-AA | |
|---|----------------|---|-------------------------------|--------------------------------|-----------------------------------|----------------------|--|---|--|
| Return Completed Application to: | | (Ir | nsert Scho | ool Name & | Mailing Add | ress h | iere) | | |
| Part 1: Children in School | | | | | | | | | |
| List names of all children in school (First, Middle Initial, L If <u>all</u> children listed are foster, skip to Part 4 to sign the forr If some of the children are foster or are homeless, migrant runaway children, complete all steps of the application. | n. ´ | Grad | lo Ne | ama of Schoo | I Child Attends | | Check Foster Child | all that apply: Homeless, Migrant, Runaway | |
| Justin Brown | | Grad | | ncoln Elen | | 5 | | | |
| Justin Brown | | | LI | ncom Elen | nentary | | | | |
| | | | | | | | | | |
| | | | | | | | <u> </u> | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Part 2: Assistance Programs – SNAP, TANF o | r FDPIR | Bene | fits | | | | | | |
| Enter MASTER CASE NUMBER if household qua | | | | | 137269 | 9 | | | |
| (Social Security numbers, Medicaid numbers and EBT | | | <u> </u> | | | | | | |
| Part 3: Total Household Gross Income – You n | | | | | nd Have Offe | :4 | na Da | - a is a al | |
| 1. Household Members List everyone in the household, current income each | | | om Work | | nd How Often stance, Child | _ | | ceivea etirement and | |
| person earns in whole dollars (no cents) & how often. | | | luctions | | i, Alimony | | All Other Income | | |
| Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use | Incom | ne | How often | Income | How often | Inc | ome | How often | |
| income must be listed. | | | TIOW OILOIT | moomo | TIOW CITCH | - 1110 | | TIOW CITCH | |
| | | | | | | - | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total Number of Household Members: (Children and Adults) | | • | s of Social S his form: | • | er (SSN) of the | e C | heck if r | no SSN 🗖 | |
| Part 4: Adult Signature and Contact Informatio | | | | | | lication | n. | | |
| "I certify (promise) that all information on this application connection with the receipt of Federal funds and that sol false information, my children may lose meal benefits an | is true an | nd that als ma | all income i y verify (che | s reported. I ueck) the inform | inderstand tha nation. I am aw | t this ir are tha | nformation at if I pu | | |
| Sign here: Sue Brown | Print nar | me: S | ue Browr | 1 | | | ate: 8 / | /10/XX | |
| Street Address (if available): | | | | Zip: | | aytime | | | |
| Part 5: Children's Ethnic and Racial Identities | - Ontions | al | | • | Р | hone: | | | |
| | <u> </u> | | e Racial Id | dentities: | | | | | |
| ☐Hispanic or Latino ☐As | | | | an American | | Mative | e Hawa | iian or | |
| Not Hispanic or Latino | | | | ian or Alaska | | | | Islander | |
| Do Not Fill Out t | | | | | | | | | |
| Annual Income Conversion: Weekly X 52 | | | weeks X 26 | | a month X 24; | | Month | nly X 12 | |
| Allitudi income conversion. | | | WCCR3 X ZC | | | | | 11y / 12 | |
| Total Household Size: | | Free | | Reduce | | Denied | | | |
| Total Income:per □Year □Month □2 X Mo □Every 2 Wks □Week | I | ☐ Income ☐ Categorically eligible: ☐ SNAP/TANF/FDPIR ☐ Foster Child ☐ Homeless/Migrant/Runaway: | | | | | Reason for denial: Income too high Incomplete application | | |
| | | | | tion Required a | t School) | | | | |
| Signature of Determining Official: Mary Nelson | | | | Da | ate Approved: | <u>8/1</u> 4/2 | XX | | |
| FOR THE VERIFICA | ATION PRO | OCESS | | | | | | Withdrawn | |
| Signature of Confirming Official: | | | Date | e Confirmed: | | | ⊢ro | m School: | |
| Signature of Verifying Official: | Date Verified: | | | | | | | | |

| Poturn Completed Application to: | тррпои | | | | Mailing Add | | | 20/0(-70) |
|--|-----------|-----------|---------------------------|--------------------|-------------------------|----------------|----------------|-----------------|
| Return Completed Application to: | | (11 | iseri scric | ou Name & | Mailing Audi | 1622 | nere) | |
| Part 1: Children in School List names of all children in school (First, Middle Initial, L | oot\ | 1 | | | | | Check | all that apply: |
| If <u>all</u> children listed are foster, skip to Part 4 to sign the forr | | | | | | | CHECK | Homeless, |
| If some of the children are foster or are homeless, migrant | | | | | | | Foster | Migrant, |
| runaway children, complete all steps of the application. | | Grad | | | l Child Attends | 3 | Child | Runaway |
| Sue Wright | | 9 | Li | ncoln Higl | 1 | | | |
| Bob Wright | | 5 | Li | ncoln Eler | nentary | | | |
| Jacob Wright | | 4 | 4 Lincoln Elementary | | | | | |
| | | | | | • | | | |
| | | | | | | | | |
| Part 2: Assistance Programs – SNAP, TANF o | r FNDIR | Rono | fite | | | | | |
| Enter MASTER CASE NUMBER if household qua | | | | · EDDID: | | | | 1 |
| (Social Security numbers, Medicaid numbers and EBT | | | | | . | | | |
| Part 3: Total Household Gross Income – You n | | | | | | | | |
| 1. Household Members | | | | | nd How Ofte | en it v | vas Re | ceived |
| List everyone in the household, current income each | | | om Work | | stance, Child | | | etirement and |
| person earns in whole dollars (no cents) & how often. | | | luctions | Suppor | t, Alimony | | All Othe | er Income |
| Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use | | | | | | | | |
| income must be listed. | Incom | ne | How often | Income | How often | Ind | come | How often |
| John Wright | 1500 | | mo | | | | | |
| Mary Wright | 1000 | | mo | | | | | |
| | 1000 | | 1110 | | | | | |
| Sue Wright | | | | | | | | |
| Bob Wright | | | | | | | | |
| Jacob Wright | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Number of Household Members: | Last fou | ur digits | s of Social S | Security Numb | er (SSN) of the | е | | |
| (Children and Adults) 5 | adult sig | gning t | his form: | XXX – XXX | - <u>0 4 3 2</u> | 2 C | heck if i | no SSN 🖵 |
| Part 4: Adult Signature and Contact Informatio | | | | | | | n. | |
| "I certify (promise) that all information on this application | | | | | | | | on is given in |
| connection with the receipt of Federal funds and that sci | | | | | | | | rposely give |
| false information, my children may lose meal benefits an | = | - | | | State and Fede | | | |
| Sign here: Mary Wright | Print nai | me: M | <u>ary Wrigh</u> | <u>nt</u> | | | Date: 8 | /13/XX |
| Street Address (if available): | | | | Zip: | | ytime hone: | | |
| Part 5: Children's Ethnic and Racial Identities - | - Optiona | al | | | | 110110. | | |
| | | | e Racial Id | dentities: | | | | |
| ☐Hispanic or Latino ☐As | | | | ——— an Americar | | Mativ | e Hawa | iian or |
| □Not Hispanic or Latino □Wh | | | | ian or Alaska | | | | Islander |
| Do Not Fill Out t | | | | | | | | |
| Annual Income Conversion: Weekly X 52 | | | weeks X 26 | | a month X 24; | | Mont | nly X 12 |
| Allitual income conversion. Weekly X 32 | | | WEEKS A ZC | | | | | 11y X 12 |
| Total Household Size:5 | I | Free | | Reduce | | Denied | | |
| ■ Income Reason for denial: | | | | | | | | |
| Total Income: 2500 per | gible: | | | come to | o nign e application | | | |
| Year Month 2 X Mo Every 2 Wks Week | | | NAP/TANF/FD ster Child | PIK | | | complete | e application |
| , | | □Но | meless/Migra | ant/Runaway: | | | | |
| | | (Officia | al Documenta | tion Required a | , | | | |
| Signature of Determining Official: Mary Nelson | | | A.W | Da | ate Approved: | 8/15/ | | |
| FOR THE VERIFICATION PROCESS ONLY: Date Withdrawn From School: | | | | | | | | |
| Signature of Confirming Official: | | | Date | Confirmed: | | | FIC | III OUIUUI. |
| Signature of Verifying Official: | | | D | ate Verified: | | | | |

| Return Completed Application to: (Insert School Name & Mailing Address here) | | | | | | | | | | |
|--|---------------------------|-------------------|-----------------------------|----------------------------------|------------------------------|---------------------|--------------------|---|--|--|
| Part 1: Children in School | | | | | | | | | | |
| List names of all children in school (First, Middle Initial, L If <u>all</u> children listed are foster, skip to Part 4 to sign the form If some of the children are foster or are homeless, migrant | n. ´ | | | | | | Foster | all that apply: Homeless, Migrant, Runaway | | |
| runaway children, complete all steps of the application. | | Grad | | | ol Child Attends | ; | Child | Runaway | | |
| Jane Smith Michael Smith | | 6 | | coln Eleme coln Eleme | | | | | | |
| Michael Smith | | 0 | LIIIC | Join Eleine | illary | | | | | |
| | | | | | | | | | | |
| | | | | | | | $\overline{}$ | | | |
| Part 2: Assistance Programs – SNAP, TANF of | r FDPIR | Bene | efits | | | | | | | |
| Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDPIR: | | | | | | | | | | |
| (Social Security numbers, Medicaid numbers and EBT | | | | <u> </u> | 4 | | | | | |
| Part 3: Total Household Gross Income – You n 1. Household Members | | | | | and How Offe | n it u | oo Bo | noivad | | |
| List everyone in the household, current income each | | | om Work | | and How Often istance, Child | | | etirement and | | |
| person earns in whole dollars (no cents) & how often. | | | ductions | | t, Alimony | | | er Income | | |
| Entering "0" or leaving the income field blank certifies | | | | | | | | | | |
| no income to report. A foster child's personal use income must be listed. | Incom | ne | How often | Income | How often | Inc | ome | How often | | |
| Mary Smith | 1200 | | mo | 100 | wk | | | | | |
| George Smith | | | | | | 10, | 000 | yr | | |
| Jane Smith | | | | | | | | | | |
| Michael Smith | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total Number of Household Members: (Children and Adults) | 1 | _ | | | per (SSN) of the | \sim | heck if r | no SSN 🗖 | | |
| Part 4: Adult Signature and Contact Informatio | n – An a | dult h | ousehold r | nember mus | t sign the appl | ication | n. | | | |
| "I certify (promise) that all information on this application connection with the receipt of Federal funds and that sol false information, my children may lose meal benefits an Sign here: George Smith | nool offici nd I may b | als ma pe pros | ay verify (che | eck) the inform er applicable | nation. I am aw | are tha eral law | at if I pu /s." | | | |
| // // | Print nai | me. • | deorge o | | Da | ytime | ale. O | 10/11 | | |
| Street Address (if available): | | | | Zip: | Pl | hone: | | | | |
| Part 5: Children's Ethnic and Racial Identities - Check one Ethnic Identity: - and - Check | <u> </u> | | ro Booiel I | dontition | | | | | | |
| | | | re Racial I | | | | | | | |
| ☐ Hispanic or Latino ☐ As☐ Not Hispanic or Latino ☐ Wh | | | | an Americar ian or Alask | | | e Hawa Pacific | ıllan or İslander | | |
| Do Not Fill Out the | | | | | | 011101 | . domo | Totaliaoi | | |
| Annual Income Conversion: Weekly X 52 | | | weeks X 2 | | a month X 24; | | Montl | nly X 12 | | |
| Total Household Size: 4 | X | Free | | Reduce | d Dr | enied | | | | |
| Total Household Size: 4 | I | X Inco | ome | | | | for der | nial: | | |
| ☐ Categorically eligible: ☐ Income too high | | | | | | | | | | |
| Total Income: 29,600 per | | | NAP/TANF/FI | DPIR | | □ln | complete | e application | | |
| Mayear ☐ Month ☐ 2 X Mo ☐ Every 2 Wks ☐ Week | | | oster Child omeless/Mian | ant/Runaway: | | | | | | |
| (Official Documentation Required at School) | | | | | | | | | | |
| Signature of Determining Official: Mary Nelson | | | | D | ate Approved: | 8/19/2 | XX | | | |
| FOR THE VERIFICA | ATION PR | OCESS | | | | | | Withdrawn | | |
| Signature of Confirming Official: | | | Date | e Confirmed: | | | ⊢ro | m School: | | |
| Signature of Verifying Official: | | | | Date Verified: | | | | | | |

Attachment E: 2020-21

Computing Income for Self-Employed Individuals

Individuals who are self-employed or engaged in farming may experience variations in cash flow and cannot easily report a monthly income. These individuals can use their 2019 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced-price meal application. The income to report is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home mortgages, medical expenses and other similar non-business items are not allowed in reducing gross business income.

When completing this form, **losses** (negative numbers) reported on any of the lines below are included when determining the **total** self-employed income. If the total income is a negative number, it is to be recorded as zero on the meal application in the column labeled "All Other Income".

Zero income resulting from use of the 1040 Form does not require follow-up.

Important Reminders from the U.S. Individual Income Tax Return Form 1040: Line 1 cannot be used to report current income. Income from wages or salaries must be reported on the application for the most recent month.

Line 7b (Total Income) and line 8b (Adjusted Gross Income) cannot be used for the purpose of applying for free and reduced-price meals.

The five line items listed below are used to determine allowable self-employment income.

| From the first page of the U.S. Individual Income Tax Return Form 1040: | | | | | | | | | | | |
|---|-------------------|--------------------------------------|--|--|--|--|--|--|--|--|--|
| Line 6 Capital Gain or (loss) | | | | | | | | | | | |
| From the U.S. Individual Income Teart 1 - Additional Income: | ax Return Form 10 | 40 – SCHEDULE 1 - under | | | | | | | | | |
| Line 3 Business Income or (loss) | \$25,000 | | | | | | | | | | |
| Line 4 Other Gains or (losses) | | | | | | | | | | | |
| Line 5 Rental Real Estate, etc. | | | | | | | | | | | |
| Line 6 Farm Income or (loss) | - \$15,000 | | | | | | | | | | |
| Total of the above five lines: | \$10,000 | equals annual self-employed income * | | | | | | | | | |

If the total of the above lines is a negative number, it must be changed to zero before it is transferred to the meal application.

^{*} Report this figure on the meal application in the column labeled "All Other Income".

| Filing Status | | Single Adamied filing initials. | 7 | | | | | (A.4EO) | | 1 - 1 /1 | 1011 | | ! - ! / | | | |
|----------------------------------|---------|--|--------|------------|---------|------|----------|----------|----------------------------|----------|---------------------|---|--------------------------|----------------|------------|--|
| Check only | | | | arried fil | - | | | | Head of househ | | | , , | widow(| , , , | | |
| one box. | - | u checked the MFS box, enter the namilid but not your dependent. | ie oi | spouse | e. 11 y | ou (| cneck | lea the | HOH or QW box, ent | er the | e child's hame if | tne q | ualilying | person is | | |
| Your first name | | | 1 | ast nan | ne | | | | | | | Voi | ır social | security n | umber | |
| | and m | adio initial | | mith | 110 | | | | | | | | | 1 | | |
| George A | nouse's | s first name and middle initial | | ast nan | ne | _ | | | | | | 2 2 2 3 3 4 4 4 4 4 Spouse's social security number | | | | |
| | poddo | s wet harne and middle initial | | | | | | | | | | | 1 | 4 5 5 | | |
| Mary B | (numbe | er and street). If you have a P.O. box, s | _ | | ne | | | | | | Apt no. | - | | 1 Election C | | |
| 123 Platte Str | | and street, if you have a riou box, s | 50 111 | 31140110 | 113, | | | | | | Apt. no. | | | ou, or your sp | | |
| | | ce, state, and ZIP code, If you have a fo | reigi | n addre | ss al | so | comr | lete sr | aces helow (see instri | uction | .I | 111 | , . | to go to this | | |
| and the second | | oo, otato, and zir oodo, ii you havo a k | , olg | ii aaai o | 00, u | - | 001112 | 10 to 0p | 4000 001011 (000 1110111 | 001101 | 10). | | iking a box r refund, | below will no | Spouse | |
| Foreign country | | | | TE | orein | n n | rovino | e/state | e/county | For | reign postal code | | | four deper | | |
| . oronger obtaining | , | | | - 1. | orong | P | | ,0,0,4,0 | , oounty | | roigh pootal code | | | ions and 🗸 | | |
| Standard | Som | eone can claim: You as a depend | dent | | You | ur s | spous | e as a | dependent | - | | | | | | |
| Deduction | | Spouse itemizes on a separate return o | | ı were a | - | | | | | | | | | | | |
| | | | | | | | urdo t | 211011 | | | | | | | | |
| Age/Blindness | You: | | 55 | | e blin | | | ouse: | Was born befo | | nuary 2, 1955 | | Is blind | | | |
| Dependents (| see ins | , | | (2) S | ocial s | ecu | ırity nu | mber | (3) Relationship to ye | υ | 1 ' | • | | e instructions | • | |
| (1) First name | | Last name | | | | _ | _ | | | | Child tax cr | eart | Ure | edit for other | dependents | |
| Jane Smith | | | _ | 6 6 6 | | | | | | | / | _ | _ | | | |
| Bob Smith | | | _ | 6 6 6 | 8 6 | 8 | 9 9 | 9 9 | | | / | | _ | | | |
| | | | | | + | 4 | | | | | <u> </u> | _ | _ | | | |
| | | | | | | | | | | | | | | | 77.00.40 | |
| | 1 | Wages, salaries, tips, etc. Attach For | m(s) | W-2 | | 4 | . 6 | 13 | 99999 | | | | 1 | | 20,000 | |
| | 2a | Tax-exempt interest. | 2a | | | _ | | - | b Taxable interest. | | | | 2b | | | |
| Standard | 3a | Qualified dividends | За | | _ | _ | | _ | b Ordinary dividend | s, Atta | ach Sch. B if requi | red | 3b | | | |
| Deduction for— Single or Married | 4a | IRA distributions | 4a | _ | | | | - | b Taxable amount | 25 | 5 4 5 4 | ž. | 4b | | | |
| filing separately. | С | Pensions and annuities | 40 | | | _ | | - | d Taxable amount | 1 | 5. 5. 5. 5. | 2 | 4d | | | |
| \$12,200 Married filing | 5a | Social security benefits | 5a | | | | | | b Taxable amount | 6 | 8888 | + | 5b | | | |
| jointly or Qualifying | 6 | Capital gain or (loss). Attach Schedu | | if requir | ed, If | no | t requ | iired, c | neck here | | | _ | 6 | | | |
| widow(er), \$24,400 | 7a | Other income from Schedule 1, line 9 | | 0.2 | (4) | 4 | | 8 8 | 2 1 2 2 2 2 3 | | 5 5 5 6 | 4 | 7a | | 10,000 | |
| Head of | b | Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, an | d 7a | This is | your | tot | tal ind | ome | 88888 | | 8 8 9 9 | • | 7b | | 30,000 | |
| household, \$18,350 | 8a | Adjustments to income from Schedu | le 1, | line 22 | × | i. | 1.61 | 8 8 | | | 8888 | | 8a | | | |
| If you checked any box under | Ь | Subtract line 8a from line 7b. This is | - | - | _ | | | | FEFF | 1 | 8843 | • | 8b | | | |
| Standard | 9 | Standard deduction or itemized de | | | | | | | - | 9 | | - | 1981 | | | |
| Deduction, see instructions, | 10 | Qualified business income deduction | . Att | ach For | m 89 | 95 | or Fo | rm 899 | 5-A | 0 | | | 200 | | | |
| | 11a | Add lines 9 and 10 | - 6 | 0.0 | 1 | × | 1 | 6 6 | 1 6 6 6 6 | - | 8884 | 1 | 11a | | | |
| | h | Taxable income. Subtract line 11a f | rom | line 8h | If zer | n n | or less | enter | -O- an an an an an | | DT V 2 2 | - | 11b | | | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040

Cat. No. 11320B

SCHEDULE 1 (Form 1040 or 1040-SR)

Department of the Treasury

Additional Income and Adjustments to Income

► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

20 X X

OMB No. 1545-0074

Attachment
Sequence No. 01

Your social security number

Internal Revenue Service

Name(s) shown on Form 1040 or 1040-SR

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?. Yes No Part I Additional Income 1 Taxable refunds, credits, or offsets of state and local income taxes Alimony received 2a b Date of original divorce or separation agreement (see instructions) ▶ 3 Business income or (loss). Attach Schedule C 3 25,000 Other gains or (losses). Attach Form 4797 4 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 5 Farm income or (loss). Attach Schedule F 6 6 -15,000 7 Unemployment compensation 7 Other income. List type and amount ▶ 8 8 9 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a 9 10,000 Part II Adjustments to Income 10 10 Educator expenses 11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach 11 12 Health savings account deduction. Attach Form 8889 12 13 Moving expenses for members of the Armed Forces. Attach Form 3903 13 14 Deductible part of self-employment tax. Attach Schedule SE 14 Self-employed SEP, SIMPLE, and qualified plans . 15 15 16 Self-employed health insurance deduction 16 Penalty on early withdrawal of savings 17 17 Alimony paid. 18a 18a Recipient's SSN Date of original divorce or separation agreement (see instructions) 19 19 IRA deduction 20 20 Student loan interest deduction 21 21 Tuition and fees. Attach Form 8917

Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or

For Paperwork Reduction Act Notice, see your tax return instructions.

1040-SR. line 8a

Cat. No. 71479F

Schedule 1 (Form 1040 or 1040-SR)

| Return Completed Application to: (Insert School Name & Mailing Address here) | | | | | | | | | | |
|---|---------------------------|-------------------|--|----------------------------------|---|---------------------|----------------------------|---|--|--|
| Part 1: Children in School | | | | | | | | | | |
| List names of all children in school (First, Middle Initial, L If <u>all</u> children listed are foster, skip to Part 4 to sign the form If some of the children are foster or are homeless, migrant runaway children, complete all steps of the application. | n. ´ | Gra | ade N | ame of Schoo | ol Child Attends | | Check : Foster Child | all that apply: Homeless, Migrant, Runaway | | |
| Ben Jones | | 11 | | coln High | 7 (1) | | | | | |
| 2011 001100 | | | | <u>-</u> | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Part 2: Assistance Programs – SNAP, TANF of | r ENDID | Ron | ofite | | | | <u> </u> | <u> </u> | | |
| Enter MASTER CASE NUMBER if household qua | | | | r FDPIR· | | | | 1 | | |
| (Social Security numbers, Medicaid numbers and EBT in | | | | | 1 | | | | | |
| Part 3: Total Household Gross Income - You m | nust tell i | us ho | ow much and | d how often. | | | | | | |
| 1. Household Members | | | | | nd How Ofte | | | | | |
| List everyone in the household, current income each person earns in whole dollars (no cents) & how often. | | | from Work | | istance, Child t, Alimony | | | etirement and | | |
| Entering "0" or leaving the income field blank certifies | beic | ne de | eductions | Suppor | t, Allmony | <i>F</i> | All Othe | r Income | | |
| no income to report. A foster child's personal use income must be listed. | Incom | ne | How often | Income | How often | Inco | ome | How often | | |
| Sarah Jones | 0 | | mo | | | | | | | |
| Ben Jones | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total Number of Household Members: (Children and Adults) | | _ | | - | per (SSN) of the 2 - <u>2</u> <u>3</u> <u>4</u> <u>5</u> | Ch | neck if r | no SSN 🗖 | | |
| Part 4: Adult Signature and Contact Informatio | n – An a | dult | household r | nember must | sign the appl | ication | l . | | | |
| "I certify (promise) that all information on this application connection with the receipt of Federal funds and that scl false information, my children may lose meal benefits an | nool offici nd I may b | als m | nay verify (che osecuted und | eck) the inforn er applicable | nation. I am aw | are tha eral law | t if I pui s." | rposely give | | |
| Sign here: Sarah Jones | Print na | me: - | Sarah Jon | es | Do | | ate: 8/ | 14/XX | | |
| Street Address (if available): | | | | Zip: | | ytime hone: | | | | |
| Part 5: Children's Ethnic and Racial Identities - | - Option | al | | | | | | | | |
| Check one Ethnic Identity: - and - Check | ck one c | or mo | ore Racial I | <u>dentities</u> : | | | | | | |
| ☐ Hispanic or Latino ☐ As☐ Not Hispanic or Latino ☐ Wh | | | | an Americar ian or Alaska | | Native other F | | iian or Islander | | |
| Do Not Fill Out t | ne Secti | on E | Below - For | School Use | Only | | | | | |
| Annual Income Conversion: Weekly X 52 | | | 2 weeks X 2 | | a month X 24; | | Month | nly X 12 | | |
| Total Household Size: 2 | | | come | Reduce | | Denied Reason | | | | |
| Total Income: 0 per ☐ Year Month ☐ 2 X Mo ☐ Every 2 Wks ☐ Week | | □ 5 □ F □ F | ategorically el SNAP/TANF/Fl Foster Child Homeless/Mign cial Documenta | DPIR | nt School) | | ome too | application | | |
| Signature of Determining Official: Mary Nelson | | | | | ate Approved: | 8/15/2 | XX | | | |
| FOR THE VERIFICA | ATION PR | OCES | SS ONLY: | | | | | Withdrawn | | |
| Signature of Confirming Official: | | | Date | e Confirmed: | | | Fro | m School: | | |
| Signature of Verifying Official: | | | | Date Verified: | | | | | | |

| D. C. C. L. LA III (I.) | тррпои | | | | | | | 10. 20//// | | |
|---|--|--------|-------------------------------|--------------------|-----------------|--------------------|----------------------------|------------------------------|--|--|
| Return Completed Application to: | | (, | Insert Scho | ool Name & | Mailing Add | ress | here) | | | |
| Part 1: Children in School | | | | | | | | | | |
| List names of all children in school (First, Middle Initial, L | | | | | | | <u>Check</u> | all that apply: Homeless, | | |
| If <u>all</u> children listed are foster, skip to Part 4 to sign the forr If some of the children are foster or are homeless, migrant | | | | | | | Foster | Migrant, | | |
| runaway children, complete all steps of the application. | OI . | Gra | de N | ame of Schoo | I Child Attends | 3 | Child | Runaway | | |
| Jesse Martin | | 7 | Lir | ncoln Midd | lle | | X | | | |
| | | - | | 100111 111144 | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Part 2: Assistance Programs - SNAP, TANF o | r FDPIR | Ben | efits | | | | | | | |
| Enter MASTER CASE NUMBER if household qua | | | | · FDPIR· | | | | 1 | | |
| (Social Security numbers, Medicaid numbers and EBT | | | | | 1 | | | | | |
| Part 3: Total Household Gross Income - You n | านst tell เ | us ho | w much and | l how often. | | | | | | |
| 1. Household Members | | | | | nd How Ofte | en it v | vas Re | ceived | | |
| List everyone in the household, current income each | Earni | ings f | rom Work | | stance, Child | | | etirement and | | |
| person earns in whole dollars (no cents) & how often. | befo | ore de | ductions | Suppor | t, Alimony | | All Othe | r Income | | |
| Entering "0" or leaving the income field blank certifies no income to report. A foster child's personal use | | | | | | | | | | |
| income must be listed. | Incom | ne | How often | Income | How often | Ind | come | How often | | |
| moone made so noted. | | | | | | | | | | |
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| | 1 16 | | | | (2021) (11 | | | | | |
| Total Number of Household Members: | | • | | - | er (SSN) of the | e C | heck if r | no SSN 🗖 | | |
| (Children and Adults) | | | this form: | XXX – XXX | | | | | | |
| Part 4: Adult Signature and Contact Information | | | | | | | | | | |
| "I certify (promise) that all information on this application | | | | | | | | | | |
| connection with the receipt of Federal funds and that sol false information, my children may lose meal benefits an | | | | | | | | rposely give | | |
| Sign here: Phyllis Miller | | - 1 | Phyllis Mi | | State and rede | | ns. _{Date:} 8/ | 19/YY | | |
| | Print nai | me: | riiyiiis ivii | iiei | Da | <u>L</u> aytime | pate: Or | 10/77 | | |
| Street Address (if available): | | | | Zip: | | hone: | | | | |
| Part 5: Children's Ethnic and Racial Identities - | - Option | al | | | · | | | | | |
| | | | re Racial I | dentities: | | | | | | |
| ☐Hispanic or Latino ☐As | | | | ——— an Americar | , ¬ | Mativ | e Hawa | iian or | | |
| Not Hispanic or Latino | | | | ian or Alaska | | | | Islander | | |
| | | | | | | Otiloi | 1 donie | Totalia | | |
| Do Not Fill Out t | | | | | | | | L V 40 | | |
| Annual Income Conversion: Weekly X 52 | <u>'</u> ; | very | 2 weeks X 26 | i; I wice | a month X 24; | | Monti | nly X 12 | | |
| Total Household Size: | X | Free | | Reduce | d 🖵 🛭 | Denie | b | | | |
| Total Household Size: | | ☐ Inc | come | | F | Reaso | n for der | nial: | | |
| | igible: | | □lr | come to | high | | | | | |
| Total Income:per | | | NAP/TANF/FE | PIR | | □lr | ncomplete | application | | |
| ☐Year ☐Month ☐2 X Mo ☐Every 2 Wks ☐Week | | | oster Child Iomeless/Migra | nt/Bungway: | | | | | | |
| | | | | tion Required a | t School) | | | | | |
| Signature of Determining Official: Mary Nelson | <u> </u> | , , | | • | ate Approved: | 8/20 | XX | | | |
| 1 . / | FOR THE VERIFICATION PROCESS ONLY: Date Withdrawn | | | | | | | | | |
| Signature of Confirming Official: | | | | Confirmed: | | | | m School: | | |
| | | | | | | - | | | | |
| Signature of Verifying Official: | | | D | ate Verified: | | | | | | |

| Peture Completed Application to | тррпса | | • | | - | | | 1 C. 20XX-X | | | |
|---|----------------------------|------------------------|---|----------------------------------|------------------|---------|-------------------|--|--|--|--|
| Return Completed Application to: | | (/ | insert Sch | ooi Name & | Mailing Addi | ress | nere) | | | | |
| Part 1: Children in School | 4) | 1 | | | | | Ob a ale | -11 4141 | | | |
| List names of all children in school (First, Middle Initial, L If <u>all</u> children listed are foster, skip to Part 4 to sign the form If some of the children are foster or are homeless, migrant runaway children, complete all steps of the application. | n. ´ | Gra | de N | ame of Schoo | ol Child Attends | | Foster Child | all that appl <u>y</u> : Homeless, Migrant, Runaway | | | |
| Leslie Peters | | 7 | | ncoln Midd | <u> </u> | | | | | | |
| Luke Peters | | 5 | | ncoln Elem | | | | | | | |
| Chris Nelson | | 3 | | ncoln Elem | | | | | | | |
| CIIIIS NEISOII | | <u> </u> | , | | ionital y | | | | | | |
| | | | | | | | | | | | |
| Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits | | | | | | | | | | | |
| Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4 | | | | | | | | | | | |
| Part 3: Total Household Gross Income – You m | | | | • | | | | | | | |
| 1. Household Members | | | | | nd How Ofte | n it v | vas Re | ceived | | | |
| List everyone in the household, current income each | Earni | ings fi | rom Work | Public Ass | stance, Child | Pen | sions, R | etirement and | | | |
| person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies | befo | ore de | ductions | Suppor | t, Alimony | | All Othe | r Income | | | |
| no income to report. A foster child's personal use income must be listed. | Incom | ne | How often | Income | How often | Ind | come | How often | | | |
| Gary Peters | 700 | | 2 wks | | | | | | | | |
| Denise Peters | 500 | | 2 wks | | | | | | | | |
| Leslie Peters | | | | | | | | | | | |
| Luke Peters | | | | | | | | | | | |
| Chris Nelson | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total Number of Household Members: (Children and Adults) 5 | | • | its of Social S this form: | • | er (SSN) of the | | Check if r | no SSN 🗖 | | | |
| Part 4: Adult Signature and Contact Informatio | n – An a | dult l | household r | nember must | sign the appl | licatio | n. | | | | |
| "I certify (promise) that all information on this application connection with the receipt of Federal funds and that sol false information, my children may lose meal benefits an Sign here: Denise Peters | hool officia nd I may b | als ma ne pro | ay verify (che | eck) the inforn er applicable | nation. I am aw | are the | at if I pu | rposely give | | | |
| | FIIIILIIAI | me. | Define i c | | Da | ıytime | Jale. Or | 1777 | | | |
| Street Address (if available): | | | | Zip: | | hone: | | | | | |
| Part 5: Children's Ethnic and Racial Identities - | | | D'-!! | d 4'4' | | | | | | | |
| | | | ore Racial I | | | | | | | | |
| ☐ Hispanic or Latino ☐ As☐ Not Hispanic or Latino ☐ Wh | | | | an Americar ian or Alaska | | | e Hawa Pacific | ıllan or İslander | | | |
| Do Not Fill Out the | he Secti | on B | elow - For | School Use | Only | | | | | | |
| Annual Income Conversion: Weekly X 52 | 2; <u>E</u> | very 2 | 2 weeks X 2 | 6; Twice | a month X 24; | | Montl | nly X 12 | | | |
| Total Household Size: 5 | I | Free XInc | | Reduce | | | n for der | | | | |
| Total Income: 1200 per ☐Year ☐Month ☐2 X Mo ☑Every 2 Wks ☐Week | | □s M f □h | tegorically el SNAP/TANF/Fl Foster Child Homeless/Migri ial Documenta | DPIR | t School) | | ncome too | o high e application | | | |
| Signature of Determining Official: Mary Nelson | | | | | ate Approved: | 8/19/ | XX | | | | |
| FOR THE VERIFICA | ATION PR | OCES | | | | | | Withdrawn | | | |
| Signature of Confirming Official: | | | Date | e Confirmed: | | | Fro | m School: | | | |
| Signature of Verifying Official: | Date Verified: | | | | | | | | | | |

| | <u>.ppou.</u> | | • | | • | | | 2. 20/0/// | |
|---|---------------|--------------|------------------------|--------------------|-----------------------------|----------------|----------------------------|-----------------------|--|
| Return Completed Application to: | | (| Insert Scho | ool Name & | Mailing Add | ress | here) | | |
| Part 1: Children in School | | | | | | | | | |
| List names of all children in school (First, Middle Initial, List names of all children in school (First, Middle Initial, List names of all children in school (First, Middle Initial, List names of all children in school (First, Middle Initial, List names of all children in school (First, Middle Initial, List names of all children in school (First, Middle Initial, List names of all children in school (First, Middle Initial, List names of all children in school (First, Middle Initial, List names of all children in school (First, Middle Initial, List names of all children in school (First, Middle Initial, List names of all children in school (First, Middle Initial, List names of all children in school (First, Middle Initial), List names | | | | | | | <u>Check</u> | all that apply: | |
| If <u>all</u> children listed are foster, skip to Part 4 to sign the form If some of the children are foster or are homeless, migrant | n. or | | | | | | Foster | Homeless, Migrant, | |
| runaway children, complete all steps of the application. | Oi | Gra | ade Na | ame of Schoo | ; | Child | Runaway | | |
| Jordan Matthews | | | | ncoln High | <u> </u> | | | | |
| Justin Matthews | | q | 9 Lincoln High | | | | | | |
| Jessica Mathews | | 6 | | ncoln Midd | | | | | |
| | | | 5 Lincoln Elementary | | | | | | |
| Kristen Thomas | | 5 |) LII | ICOIII EIGII | ieritar y | | | | |
| Part 2: Assistance Programs – SNAP, TANF or | - EDDID | Pon | ofito | | | | | | |
| | | | | EDDID | | | | - | |
| Enter MASTER CASE NUMBER if household qua (Social Security numbers, Medicaid numbers and EBT) | | | | | . | | | | |
| | | | | | † <u>L</u> | | | | |
| Part 3: Total Household Gross Income – You m | | | | | | | | | |
| 1. Household Members List everyone in the household, current income each | | | | | nd How Ofte | | | | |
| person earns in whole dollars (no cents) & how often. | | | from Work eductions | | stance, Child t, Alimony | Pen | etirement and er Income | | |
| Entering "0" or leaving the income field blank certifies | DCIO | ne de | - Cudolions | Оцррог | t, Allinorry | | All Out | i iiicoiiic | |
| no income to report. A foster child's personal use | | | | | | | | | |
| income must be listed. | Incom | ie | How often | Income | How often | In | come | How often | |
| Steve Matthews | 2500 |) | mo | | | | | | |
| Debbie Matthews | 1700 |) | mo | | | | | | |
| Jordan Matthews | | | | | | | | | |
| Justin Matthews | | | | | | | | | |
| Jessica Matthews | | | | | | | | | |
| Kristen Thomas | | | | | | | | | |
| | | | | | | | | | |
| Total Number of Household Members: | Last fou | ır dia | its of Social S | L Security Numb | er (SSN) of the | e | | _ | |
| (Children and Adults) | | • | | • | - 3 1 5 2 | \sim | Check if r | no SSN 🚨 | |
| Part 4: Adult Signature and Contact Informatio | | | | | | | n | | |
| "I certify (promise) that all information on this application | | | | | | | | on is aiven in | |
| connection with the receipt of Federal funds and that sch | | | | | | | | | |
| false information, my children may lose meal benefits an | | | | | | | | | |
| Sign here: Steve Matthews | Print nar | ne: | Steve Mat | thews | | | Date: 8/ | 19/XX | |
| Street Address (if available): | | | | Zip: | | ytime hone: | | | |
| Part 5: Children's Ethnic and Racial Identities - | - Optiona | al | | | Г | none. | | | |
| | - | | ore Racial Id | dentities: | | | | | |
| ☐Hispanic or Latino ☐Asi | ian | Пв | lack or Africa | an Δmerican | | Mativ | e Hawa | iian or | |
| □Not Hispanic or Latino □Wh | | | merican Indi | | | | | Islander | |
| | | | | | | ourior | , aomi | Totaliaoi | |
| Do Not Fill Out the | | | | | | | | 1 1/40 | |
| Annual Income Conversion: Weekly X 52 | :; <u> </u> | very | 2 weeks X 26 | i; I wice | a month X 24; | | Monti | nly X 12 | |
| Total Household Size:6 | X | Free | e - 1 | ⊠ Reduce | d <i>-3</i> □□ | Denie | b | | |
| | [| X Ind | come | | F | Reaso | n for der | nial: | |
| ☐ Categorically eligible: ☐ Income too high | | | | | | | | | |
| Total Income: 4200 per | | | SNAP/TANF/FL | PIR | | □lr | ncomplete | e application | |
| ☐Year Month ☐2 X Mo ☐Every 2 Wks ☐Week | | | oster Child | ont/Dunaway | | | | | |
| ☐ Homeless/Migrant/Runaway: (Official Documentation Required at School) | | | | | | | | | |
| Signature of Determining Official: Mary Nelson | 1 | ,0 | | • | ate Approved: | 8/21/ | XX | | |
| FOR THE VERIFICATION PROCESS ONLY: Date Withdrawn | | | | | | | | | |
| Signature of Confirming Official: | | | | Confirmed: | | | | m School: | |
| Signature of Verifying Official: | | | D | ate Verified: | | \neg | | | |