

# FACTS Grant & Aid Application Tax Return Requirements

Families completing a Grant & Aid Application must upload tax documentation, including a Federal Tax Return, applicable schedules, and necessary forms. FACTS Management reviews the forms and alerts you if additional documents are needed.

#### Forms & Schedules

The examples below may not be applicable to all applicants. No need to be a tax expert, upload all documents included in your Federal Tax Return file and the system identifies required items.

• Form 1040

Schedule C

Schedule E

• Form 1065

Dependent Statement

Schedule F

• Form 1041

• Form 1120S

Schedules 1 & 3

• Form 4562

Schedule K-1

• Form 8825

#### **Application Summary**

The Application Summary displays the application status and required documents. The school or organization determines the exact tax year to upload. Upon submission of the application, a notice is sent via email advising of the tax year required. Use the Help icon to view the list of forms and access links to the IRS website. Return to FACTS at any time to view the application status and tax document requirements in the Application Summary.

Application Summary		
Application Status:  INCOMPLETE		Application ID: <b>1705178</b> 20 -20
The following step(s) are needed to complete	your application:	
Upload your required documents		
Required Documents		Heip
Tax Documents		•
20 Federal Tax Return - Carmen	Form 1040 Form 1040 (Page 1) (Page 2)	
20 Federal Tax Return - James	Form 1040 Form 1040 (Page 1) (Page 2)	
20 W-2s - Carmen	O W-2	
Supplemental Documents		
Divorce Decree  Sample Institution	Document	
Not Submitted In Process	Complete Waived	Upload

The completion of the Grant & Aid Application is dependent on the submission of the required tax documents. Upload all documents in your tax return file. Ensure the following documents are included in the file.

### 1040 U.S. Individual Income Tax Return

Pages 1 and 2 of the 1040 Federal Tax Return determine which additional documents are required.

Starting with page 1 of Form 1040, review lines 8 & 10. Any amount listed on lines 8 or 10 requires a <u>Schedule 1</u>. Filers with more than 4 dependents listed on Form 1040 must submit the Dependent Statement.

The same line items are reviewed for the 2021 & 2022 tax years.

1040 U	artment of the Treasury—Internal Revenue Servi S. Individual Income Tax	x Retu	(99) Irn	20 <b>2</b>	OMB No.	1545-0074	IRS Use Only	-Do not write	or staple in	n this space.
_	Single Married filing jointly	Marrie	d filing se	parately (M	FS) Hea	d of house	ehold (HOH)	Qualify	ing wido	ow(er) (QW
one hov	ou checked the MFS box, enter the n		our spous	se. If you ch	necked the HC	)H or QW	box, enter th	e child's na	me if the	e qualifyin
per	son is a child but not your dependen									
Your first name and m	iddle initial	Last nar	ne					Your socia	l security	y number
If joint return, snouse'	s first name and middle initial	Last nar	ne					Snouse's s	ocial sec	urity numbe
ii joint retain, spease	Jillos Harro de a Hindero Illinos	Caseria								arity manib
Home address (numb	er and street). If you have a P.O. box, see	instructio	ns.				Apt. no.	Presidentia	al Electio	n Campaig
								Check her		
City, town, or post off	ice. If you have a foreign address, also co	omplete sp	aces belov	W.	State	ZIP o	ode			tly, want \$3 Checking a
								box below	will not	
Foreign country name		F	oreign prov	vince/state/c	ounty	Forei	ign postal code	your tax or	_	_ c
									You	Spous
At any time during 2	021, did you receive, sell, exchange	, or other	wise disp	ose of any	financial inter	est in any	virtual curre	ncy?	Yes	☐ No
Standard Son	neone can claim: 🔲 You as a de	pendent	_ Y	our spouse	as a depende	ent				
Deduction 🔲	Spouse itemizes on a separate retur	n or you	were a du	ual-status a	lien					
Age/Blindness You	: Were born before January 2, 1	957	Are blin	d Spo	use: Was	born bet	fore January 2	2, 1957	Is bli	nd
Dependents (see			(2) So	cial security	(3) Relati			ualifies for (s	ee instruc	ctions):
	irst name Last name					Child tax cr				
than four										
dependents, see instructions										
and check										
here ▶ □										
Attach 2-	Wages, salaries, tips, etc. Attach F		V-2 .					. 1		
Sch. B if		2a			Taxable into			. 2b		
required. 3a		3a 4a			b Ordinary di b Taxable am			3b 4b		
		5a			Taxable am			5b		
tandard 6a		6a			b Taxable am			6b		
eduction for—  7 Capital gain or (loss). Attach Schedule D if required. If not required, check here						▶ [	7			
Single or Married filing 8	Other income from Schedule 1, lin							. 8		
separately, \$12,550	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. Ti						▶ 9		
Married filing 10	Adjustments to income from Sche	dule 1, li	ne 26					. 10		
Jointly or Qualifying 11	Subtract line 10 from line 9. This is	-					!	▶ 11		
widow(er), \$25,100 12a	Standard deduction or itemized				_	12a				
Head of b	Charitable contributions if you take	the stan	dard dedu	ıction (see i	nstructions)	12b				
	Add lines 12a and 12b							. 12c		
household, \$18,800 C	Constituted by reference in a series of early and	ion from	Form 899	5 or Form	8995-A			. 13		
household, \$18,800 c If you checked any box under	Qualified business income deduct									
household, \$18,800 c If you checked 13	Add lines 12c and 13  Taxable income. Subtract line 14							14		

On page 2, review line 31. Any amount listed on line 31 indicates all pages of the <u>Schedule 3</u> are required.

Form 1040 (2021	)		Page
	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16
	17	Amount from Schedule 2, line 3	17
	18	Add lines 16 and 17	18
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19
	20	Amount from Schedule 3, line 8	20
	21	Add lines 19 and 20	21
	22	Subtract line 21 from line 18. If zero or less, enter -0	22
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23
	24	Add lines 22 and 23. This is your total tax	24
	25	Federal income tax withheld from:	
	а	Form(s) W-2	
	b	Form(s) 1099	
	c	Other forms (see instructions)	
	d	Add lines 25a through 25c	25d
	26	2021 estimated tax payments and amount applied from 2020 return	26
you have a [	27a	Earned income credit (EIC)	20
ttach Sch. EIC.	ZIa	Check here if you were born after January 1, 1998, and before	-
		January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶	
	b	Nontaxable combat pay election 27b	
	С	Prior year (2019) earned income 27c	
	28	Refundable child tax credit or additional child tax credit from Schedule 8812 28	
	29	American opportunity credit from Form 8863, line 8	
	30	Recovery rebate credit. See instructions	
	31	Amount from Schedule 3, line 15	1
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32
	33	Add lines 25d, 26, and 32. These are your total payments	33
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34
iciuliu	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶ □	35a
irect deposit?	►b	Routing number	
ee instructions.	►d	Account number	
	36	Amount of line 34 you want applied to your 2022 estimated tax > 36	
lmount	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37
ou Owe	38	Estimated tax penalty (see instructions)	
hird Party	Do	you want to allow another person to discuss this return with the IRS? See	
Designee		tructions	below. No
•		signee's Phone Personal identi	
		ne ▶ no. ▶ number (PIN)	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	
lere		land the state of	e IRS sent you an Identity
	YOU		tection PIN, enter it here
oint return?		(see	inst.) ▶
ee instructions.	Spo		e IRS sent your spouse an
eep a copy for our records.			ntity Protection PIN, enter it he
our records.		l i	inst.) ►
		one no. Email address	
Paid	Pre	parer's name Preparer's signature Date PTIN	Check if:
			Self-employed
reparer		Di-	
reparer Jse Only	Firr	n's name ► Phor	ne no.

## **Schedule 1**

The <u>Schedule 1</u> is a 2-page document, review Lines 3, 5, and 6.

- Line 3 indicates an income or loss from a sole proprietorship business.
  - Any amount listed on line 3 requires a <u>Schedule C</u>.
  - Multiple Schedule C's may be required. The total income from the schedules must equal the amount listed on Line 3 of the Schedule 1.
- **Line 5** indicates an income or loss from any of the following: rental real estate, an S-Corporation, and/or a partnership.
  - Any amount listed on line 5 requires a **Schedule E**. FACTS reviews the Schedule E and may request additional documentation to complete the business review.
- Line 6 indicates an income or loss from a farm.
  - Any amount listed on line 6 requires a **Schedule F**.

orm	EDULE 1 1040) ent of the Treesury Revenue Service	2022 Attachment Sequence No. 01		
ame(	ocial security number			
Par	Additiona	al Income		
		, credits, or offsets of state and local income taxes	Ø/30	1
	Alimony received			2a
b	Date of original	divorce or separation agreement (see instructions):	- Gent . s	
		e or (loss). Attach Schedule C		3
		osses). Attach Form 4797		4
		e, royalties, partnerships, S corporations, trusts, etc. Attach Schedule		5
		(loss). Attach Schedule F		6
7	Other income:	compensation		7
a		ss	)	
b		8b		1
c		debt		1
d		ncome exclusion from Form 2555 8d (	)	i l
		m 8853 8e	- 3	
f		m 8889		]
		nt Fund dividends 8g		1
h		8h		
	Prizes and aware		_	
		ged in for profit income	_	4
	Income from the	rental of personal property if you engaged in the rental		
		re not in the business of renting such property 8I  Paralympic medals and USOC prize money (see	_	-
m		Paralympic medals and USOC prize money (see		
n		nclusion (see instructions) 8n		
0		inclusion (see instructions) 8o		1
	Section 461(I) ex	cess business loss adjustment 8p		
q		tions from an ABLE account (see instructions) 8q		
r		fellowship grants not reported on Form W-2 8r		
Refere	1040, line 1a or	ount of Medicaid waiver payments included on Form 1d	)	
	a nongovernmen	ity from a nonqualifed deferred compensation plan or ntal section 457 plan		
		while incarcerated 8u		
2	Other income. L	ist type and amount:8z		
9	Total other incor	me. Add lines 8a through 8z	line C	9
0	Combine lines 1	through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR	line 8	10





