

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: 1705178 20—-20
The following step(s) are needed to complete	your application:	
Upload your required documents		
Required Documents		Help
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 ② 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 <u>1040 Federal Tax Return</u> determine which additional documents are required.

For the year Jan.	1-Dec. 31, 2023, or other tax year beginning		, 2023, end	ding			. 20	See se	parate instructions.
	and middle initial	Last n	2000	*****		*******	********		ocial security number
Tour first name a	and middle initial	Lastn	arne					Tour se	
If joint return, sp	ouse's first name and middle initial	Last n	ame					Spouse	's social security numb
in point rectant, up								- CPUUL	
Home address (r	number and street). If you have a P.O. box, see	e instruc	tions.			A	pt. no.	Preside	ential Election Campai
								Check	here if you, or your
City, town, or po	ost office. If you have a foreign address, also co	omplete	spaces below.	State		ZIP co	ode		if filing jointly, want \$ this fund. Checking
								box be	low will not change
Foreign country	name		Foreign province/state/	county		Foreig	n postal code	e your ta	x or refund.
				-	1				You Spou
iling Status	Single		l		Head of ho	ouseh	old (HOH)		
Check only	Married filing jointly (even if only o	one had	income)		Overlinden		laa aaau	1000	
one box.	Married filing separately (MFS) If you checked the MFS box, enter the	a nama	of your engine . If yo		Qualifying				ild'e name if the
	qualifying person is a child but not yo								

Digital	At any time during 2023, did you: (a) rec								
Assets	exchange, or otherwise dispose of a dig					t)7 (Se	e instruction	ons.)	∐ Yes ☐ No
Standard Deduction	Someone can claim: You as a de				dependent				
eduction	Spouse itemizes on a separate retu	m or yo	u were a duar-status	allen					
ge/Blindness	You: Were born before January 2, 1	1959	Are blind Sp	ouse:	Was bor	_	re January		Is blind
ependents	(see instructions):		(2) Social security	y	(3) Relationshi	ip (4			lifies for (see instruction
more	(1) First name Last name		number	\rightarrow	to you	-	Child tax	credit	Credit for other depende
han four lependents,				\rightarrow		-			
ee instructions									
nd check									
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ere	for Total amount from Form(s) W/ 0	nov 1 /e	as instructions)					1.	
ere	1a Total amount from Form(s) W-2, b							. 10	
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On page 2, review line 31. Any amount listed on line 31 indicates all pages of the <u>Schedule 3</u> are required.

Tax and	16	Tax (see instructions). Check	If you from Earn	(e): 1 001	4 9 4072	2		. 16	
rax and Credits	17	Amount from Schedule 2, li						. 17	
Oreans	18	Add lines 16 and 17						. 18	
	19	Child tax credit or credit for						. 19	
	20	Amount from Schedule 3, li						. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18						. 22	
	23				2 500 21			. 23	
	24	Other taxes, including self- Add lines 22 and 23. This is						. 24	
Day and a make		Federal income tax withheld						. 24	
Payments	25					l or a			l
	a	Form(s) W-2				25a		_	l
	ь	Form(s) 1099				25b		_	l
	c	Other forms (see instruction	,			25c			
	d	Add lines 25a through 25c						. 25d	
you have a	26	2023 estimated tax paymen						. 26	
ualifying child, tach Sch. EIC.	27	Earned income credit (EIC)				27		_	l
$\overline{}$	28	Additional child tax credit fro				28		_	l
	29	American opportunity credit				29		_	l
	30	Reserved for future use .				30		_	l
	31	Amount from Schedule 3, li				31			
	32	Add lines 27, 28, 29, and 31						_	
	33	Add lines 25d, 26, and 32.						_	
Refund	34	If line 33 is more than line 2	4, subtract line 2	4 from line 33.	This is the amoun	t you overpaid	٠.	. 34	
	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, chec	k here		35a	
Xirect deposit?	b	Routing number			c Type:	Checking	Savin	gs	l
See instructions.	d	Account number							l
	36	Amount of line 34 you want	applied to your	2024 estimate	d tax	36		_	
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.					
You Owe		For details on how to pay, or						. 37	
	38	Estimated tax penalty (see i	nstructions) .			38			
Third Party		you want to allow another	r person to disc	cuss this retur	m with the IRS?				
Designee		tructions						te below.	□ No
	De	signee's		Phone no.			sonal id nber (Pl	lentification No	
Dian		der penalties of perjury, I declare t	hat I have examine		accompanying sched			-	of my knowledge an
Sign		ief, they are true, correct, and con							
Here	Yo	ur signature		Date	Your occupation		- 1	f the IRS se	nt you an Identity
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oint return?	_							(see inst.)	
ee instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on	!	f the IRS se	nt your spouse an
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Preparer	_	-1					1		ser-employer
Jse Only		m's name					_	Phone no.	
	Firm's address						Firm's EIN		

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 1040) partment of the Tre emal Revenue Servi		2023 Attachment Sequence No. 01	
ame(s) shown o	social security number		
Part I Add	ditional Income		
	refunds, credits, or offsets of state and local income taxes	1	
	received	2a	
	riginal divorce or separation agreement (see instructions):		
	income or (loss). Attach Schedule C	3	
	ns or (losses). Attach Form 4797	4	
	al estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .	5	
	ome or (loss). Attach Schedule F	6	
	yment compensation	7	
8 Other inc	ome:		
	ating loss)	
)		
	tion of debt		
	earned income exclusion from Form 2555 8d (
	rom Form 8853		
	rom Form 8889		
g Alaska P	ermanent Fund dividends 8g		
	pay		
 Prizes ar 	d awards		
	ot engaged in for profit income		
	tions		
	rom the rental of personal property if you engaged in the rental		
for profit	but were not in the business of renting such property 81		
m Olympic	and Paralympic medals and USOC prize money (see		
instruction	ns)		
n Section 9	951(a) inclusion (see instructions) 8n		
Section 9	951A(a) inclusion (see instructions) 80		
p Section 4	61(I) excess business loss adjustment 8p		
q Taxable	distributions from an ABLE account (see instructions) 8q		
	hip and fellowship grants not reported on Form W-2 8r		
s Nontaxal	ole amount of Medicaid waiver payments included on Form		
1040, lin	e 1a or 1d)	
	or annuity from a nonqualifed deferred compensation plan or vernmental section 457 plan		
	arned while incarcerated 8u		
	ome. List type and amount:		
2 Other life	one. List type and amount.		
9 Total oth	er income. Add lines 8a through 8z	9	
0 Combine	lines 1 through 7 and 9. This is your additional income. Enter here and on Form		
1040, 10	40-SR, or 1040-NR, line 8	10	





