



The Authority on Financial Aid

2026-2027 Financial Aid Application Procedures for Students Selected for Verification

Verification: A process in which students and/or parents provide proof that the information reported on the FAFSA is accurate.

2024 Tax Year

Note: Personal copies of your federal tax return are NOT accepted.

✓ SUBMIT

2024 IRS Tax Return Transcript

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Tax Return Transcript

Request Date: 03-04
Response Date: 03-04
Tracking Number: 10800070432

SSN Provided: _____
Tax Period End: **Dec. 31, 2024**

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: 000-00-0100 SPOUSE SSN: 000-00-0200
NAME(S) SHOWN ON RETURN: JOHN DOE & JANE DEE
ADDRESS: 300 ANYSTREET BLVD DALLAS, TX 77000-0000-000

FILING STATUS: Married Filing Joint
FORM NUMBER: 1040
CYCLE POSTED: 20091408
RECEIVED DATE: _____
REMITTANCE: 0.00
EXEMPTION NUMBER: 5
DEPENDENT 1 NAME CTRL: ABGR
DEPENDENT 1 SSN: 000-00-0300
DEPENDENT 2 NAME CTRL: ABGS
DEPENDENT 2 SSN: 000-00-0400
DEPENDENT 3 NAME CTRL: ABGS
DEPENDENT 3 SSN: 000-00-0500
PREPARER SSN: _____
PREPARER EIN: _____

Income
WAGES, SALARIES, TIPS, ETC: \$ 67,000.00
TAXABLE INTEREST INCOME: SCH B: \$ 0.00
TAX-EXEMPT INTEREST: \$ 0.00
ORDINARY DIVIDEND INCOME: SCH B: \$ 0.00
QUALIFIED DIVIDENDS: \$ 0.00
REFUNDS OF STATE/LOCAL TAXES: \$ 0.00
ALIMONY RECEIVED: \$ 0.00
BUSINESS INCOME OR LOSS (Schedule C): \$ 0.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER: \$ 0.00
CAPITAL GAIN OR LOSS: (Schedule D): \$ 0.00
CAPITAL GAINS OR LOSSES (Form 4797): \$ 0.00
TOTAL IRA DISTRIBUTIONS: \$ 0.00
TAXABLE IRA DISTRIBUTIONS: \$ 0.00

✗ DO NOT SUBMIT

IRS Form 1040

1040 U.S. Individual Income Tax Return **2024**

OMB No. 1545-0047

Form 1040 (2024)

Income

1a Total amount from Forms W-2, box 1 (see instructions) 1a
1b Household employee wages not reported on Form(s) W-2 1b
1c Tax income not reported on line 1a (see instructions) 1c
1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d
1e Taxable dependent care benefits from Form 2441, line 2B 1e
1f Employer-provided adoption benefits from Form 8839, line 29 1f
1g Wages from Form 8819, line 4 1g
1h Other earned income (see instructions) 1h
1i Nonrefundable earned income exclusion (see instructions) 1i

Payments

25a Federal income tax withheld from: 25a
a Form(s) W-2 25a
b Form(s) 1099 25b
c Other forms (see instructions) 25c
25d Add lines 25a through 25c 25d

26 2024 estimated tax payments and amount applied from 2023 return 26

27 Earned income credit (EIC) 27
28 Additional credit tax credit from Schedule 8812 28
29 American opportunity credit from Form 8863, line 8 29
30 Reserved for future use 30
31 Amount from Schedule 3, line 15 31
32 Add lines 27, 28, 29, and 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 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 34
35a Direct deposit? 35a
b Routing number 35b
c Type: Checking Savings 35c
36 Amount of line 34 you want applied to your 2025 estimated tax 36

Amount You Owe

37 Subtract line 33 from line 24. This is the amount you owe 37
38 Other taxes, including self-employment tax, from Schedule 2, line 21 38
39 Estimated tax penalty (see instructions) 39

Third-Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. Yes, Complete below. No

Designee's name: _____ Phone: _____ Personal identification number (PIN): _____
Your signature: _____ Date: _____ Your occupation: _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Taxpayer's signature: _____ Date: _____ Your occupation: _____
Spouse's signature: _____ Date: _____ Spouse's occupation: _____

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