HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY

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: 100000070432

SSN Provided:
Tax Period Ending: 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

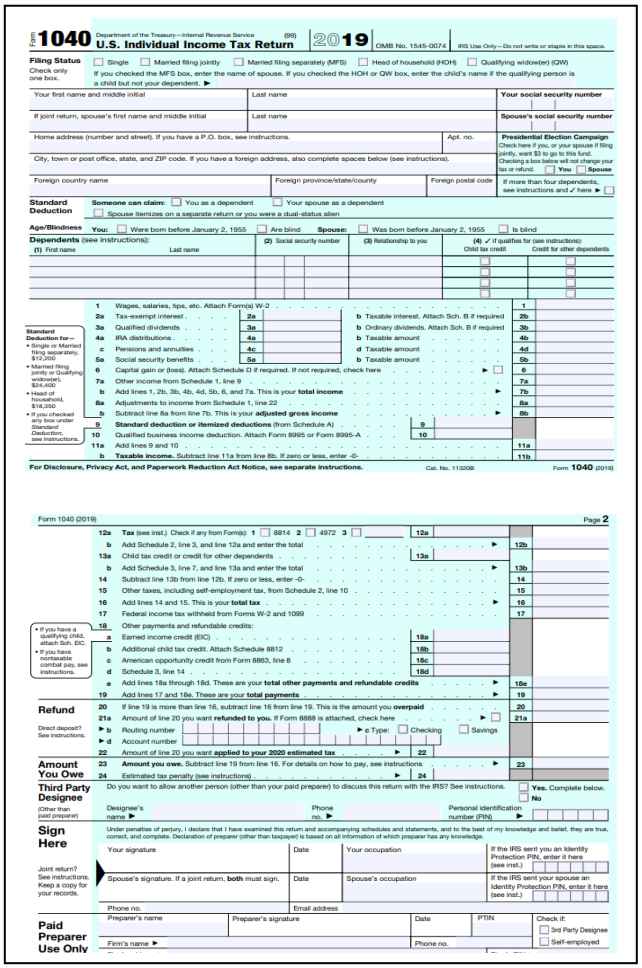
FILING STATUS:	Married Filing Joint
FORM NUMBER:	1040
CYCLE POSTED:	20091408
RECEIVED DATE:	[illegible]
REMITTANCE:	0.00
EXEMPTION NUMBER:	5
DEPENDENT 1 NAME CTRL:	ABGR
DEPENDENT 1 SSN:	000-00-0300
DEPENDENT 2 NAME CTRL:	ABGS
DEPENDENT 2 SSN:	000-00-0400
DEPENDENT 3 NAME CTRL:	ABGS
DEPENDENT 3 SSN:	000-00-0500
DEPENDENT 4 NAME CTRL:	
DEPENDENT 4 SSN:	
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 LOSS: SCH D PER COMPUTER:	$ 0.00
OTHER GAINS OR LOSSES (Form 4797):	$ 0.00
TOTAL IRA DISTRIBUTIONS:	$ 0.00
TAXABLE IRA DISTRIBUTIONS:	$ 0.00
[illegible]	$ 0.00

✖ DO NOT SUBMIT

IRS Form 1040



Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2019** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status: ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Your first name and middle initial | Last name | Your social security number

If joint return, spouse's first name and middle initial | Last name | Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. | Presidential Election Campaign

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name | Foreign province/state/county | Foreign postal code

Standard Deduction — Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness — You: ☐ Were born before January 2, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions): (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see instructions): Child tax credit / Credit for other dependents

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1
2a	Tax-exempt interest	2a	b Taxable interest. Attach Sch. B if required 2b
3a	Qualified dividends	3a	b Ordinary dividends. Attach Sch. B if required 3b
4a	IRA distributions	4a	b Taxable amount 4b
c	Pensions and annuities	4c	d Taxable amount 4d
5a	Social security benefits	5a	b Taxable amount 5b
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐		6
7a	Other income from Schedule 1, line 9		7a
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income**		7b
8a	Adjustments to income from Schedule 1, line 22		8a
b	Subtract line 8a from line 7b. This is your **adjusted gross income**		8b
9	**Standard deduction or itemized deductions** (from Schedule A)	9	
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a	Add lines 9 and 10		11a
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-		11b

Standard Deduction for— • Single or Married filing separately, $12,200 • Married filing jointly or Qualifying widow(er), $24,400 • Head of household, $18,350 • If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2019)

Form 1040 (2019) Page **2**

12a	**Tax** (see inst.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		12a
b	Add Schedule 2, line 3, and line 12a and enter the total		12b
13a	Child tax credit or credit for other dependents		13a
b	Add Schedule 3, line 7, and line 13a and enter the total		13b
14	Subtract line 13b from line 12b. If zero or less, enter -0-		14
15	Other taxes, including self-employment tax, from Schedule 2, line 10		15
16	Add lines 14 and 15. This is your **total tax**		16
17	Federal income tax withheld from Forms W-2 and 1099		17
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your **total other payments and refundable credits**		18e
19	Add lines 17 and 18e. These are your **total payments**		19
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**		20
21a	Amount of line 20 you want **refunded to you.** If Form 8888 is attached, check here ☐		21a
b	Routing number ▶ c Type: ☐ Checking ☐ Savings		
d	Account number		
22	Amount of line 20 you want **applied to your 2020 estimated tax**	22	
23	**Amount you owe.** Subtract line 19 from line 16. For details on how to pay, see instructions		23
24	Estimated tax penalty (see instructions)	24	

• If you have a qualifying child, attach Sch. EIC. • If you have nontaxable combat pay, see instructions.

Refund Direct deposit? See instructions.

Amount You Owe

Third Party Designee Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ Yes. Complete below. ☐ No

(Other than paid preparer) Designee's name ▶ | Phone no. ▶ | Personal identification number (PIN) ▶

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.

Joint return? See instructions. Keep a copy for your records.

Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. | Email address

Paid Preparer Use Only Preparer's name | Preparer's signature | Date | PTIN | Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ | Phone no.

Details on ordering an IRS Tax Return Transcript: https://www.hesaa.org/Documents/Requesting_IRS_Tax_Return.pdf
Order an IRS Tax Return Transcript online: www.irs.gov
Order an IRS Tax Return Transcript by phone: 1-800-908-9946