



2020 IRS 1040 FORM SAMPLE

Highlighted fields represent items we are required to verify for you (and your spouse, if married) and/or parents (if you are a dependent student) if you are required to submit income documents to the Financial Aid Office.

1ST PAGE

Form 1040 Department of the Treasury—Internal Revenue Service (99) **2020** U.S. Individual Income Tax Return 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)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

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
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
 Foreign country name Foreign province/state/county Foreign postal code

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

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, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2 **1**

2a Tax-exempt interest **2a** **2b** Taxable interest **2b**

3a Qualified dividends **3a** **3b** Ordinary dividends **3b**

4a IRA distributions **4a** **4b** Taxable amount **4b**

5a Pensions and annuities **5a** **5b** Taxable amount **5b**

6a Social security benefits **6a** **6b** Taxable amount **6b**

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here **7**

8 Other income from Schedule 1, line 9 **8**

9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** **9**

10 Adjustments to income:

a From Schedule 1, line 22 **10a**

b Charitable contributions if you take the standard deduction. See instructions **10b**

c Add lines 10a and 10b. These are your **total adjustments to income** **10c**

11 Subtract line 10c from line 9. This is your **adjusted gross income** **11**

12 Standard deduction or itemized deductions (from Schedule A) **12**

13 Qualified business income deduction. Attach Form 8995 or Form 8995-A **13**

14 Add lines 12 and 13 **14**

15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- **15**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2020)

← Filing Status

← Note: last 4 digits of social security number need to be visible

← Wages

← IRA Distributions

← Pension & Annuities

← Adjusted Gross Income

2ND PAGE

Form 1040 (2020)		Page 2
16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16
17	Amount from Schedule 2, line 3	17
18	Add lines 16 and 17	18
19	Child tax credit or credit for other dependents	19
20	Amount from Schedule 3, line 7	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 10	23
24	Add lines 22 and 23. This is your total tax	24
25	Federal income tax withheld from:	
a	Form(s) W-2	25a
b	Form(s) 1099	25b
c	Other forms (see instructions)	25c
d	Add lines 25a through 25c	25d
26	2020 estimated tax payments and amount applied from 2019 return	26
27	Earned income credit (EIC)	27
28	Additional child tax credit. Attach Schedule 8812	28
29	American opportunity credit from Form 8863, line 8	29
30	Recovery rebate credit. See instructions	30
31	Amount from Schedule 3, line 13	31
32	Add lines 27 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
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number	
36	Amount of line 34 you want applied to your 2021 estimated tax	36
37	Subtract line 33 from line 24. This is the amount you owe now Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37
38	Estimated tax penalty (see instructions)	38
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No	
	Designee's name	Personal identification number (PIN)
	Phone no.	
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.	
	Your signature	Date
	Spouse's signature. If a joint return, both must sign.	Date
	Your occupation	Spouse's occupation
	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	
	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
	Firm's name	Date
	Firm's address	PTIN
		Check if: <input type="checkbox"/> Self-employed
		Phone no.
		Firm's EIN

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

← **Income Tax Paid**
Line 22
Minus
Schedule 2, Line 2

← **Signatures**
Taxes need to be signed if "self prepared" or include, name, address and EIN/PTIN if prepared by a firm or an accountant.

SCHEDULE 1

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **01**

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

Your social security number

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	

Business Income or (loss)

Note: We must collect the Schedule C if business income (or loss) was reported on this line.

Farm Income or (loss)

Note: We must collect the Schedule F if farm income (or loss) was reported on this line.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	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	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

IRS Deductions & Payments

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2020

SCHEDULE 2

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **02**

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

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Excess Advance Premium Tax

Note: we must collect schedule 2 if an amount was reported on this line.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	

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

Cat. No. 71478U

Schedule 2 (Form 1040) 2020

SCHEDULE 3

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. **03**

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

Your social security number
XXX-XX-4285

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962		8	
9	Amount paid with request for extension to file (see instructions)		9	
10	Excess social security and tier 1 RRTA tax withheld		10	
11	Credit for federal tax on fuels. Attach Form 4136		11	
12	Other payments or refundable credits:			
	a Form 2439	12a		
	b Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b		
	c Health coverage tax credit from Form 8885	12c		
	d Other: _____	12d		
	e Deferral for certain Schedule H or SE filers (see instructions)	12e		
	f Add lines 12a through 12e		12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		13	

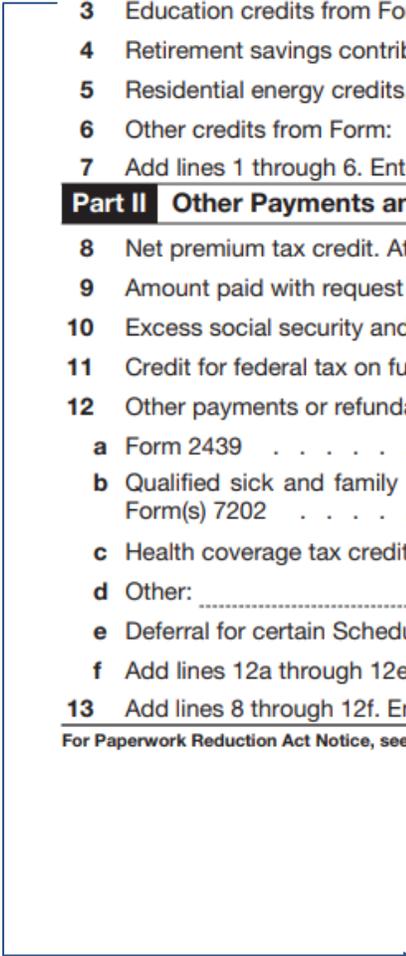
For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71480G

Schedule 3 (Form 1040) 2020

Education Credit

Note: we must collect schedule 3 if an amount was reported on this line.



SCHEDULE C

SCHEDULE C (Form 1040) Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074
2020 Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service (IRS) **Go to www.irs.gov/ScheduleC for instructions and the latest information.**
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor _____ Social security number (SSN) _____

A Principal business or profession, including product or service (see instructions) _____

B Enter code from instructions _____

C Business name, if no separate business name, leave blank _____

D Employer ID number (EIN) (see instr.) _____

E Business address (including suite or room no.) _____
 City, town or post office, state, and ZIP code _____

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2020, check here Yes No

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No

J If "Yes," did you or will you file required Form(s) 1099? Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1
2	Returns and allowances	2
3	Subtract line 2 from line 1	3
4	Cost of goods sold (from line 4Z)	4
5	Gross profit. Subtract line 4 from line 3	5
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6
7	Gross income. Add lines 5 and 6	7

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	18	Office expense (see instructions)	18
9	Car and truck expenses (see instructions)	9	19	Pension and profit-sharing plans	19
10	Commissions and fees	10	20	Rent or lease (see instructions):	20
11	Contract labor (see instructions)	11	20a	a Vehicles, machinery, and equipment	20a
12	Depreciation	12	20b	b Other business property	20b
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21	Repairs and maintenance	21
14	Employee benefit programs (other than on line 19)	14	22	Supplies (not included in Part III)	22
15	Insurance (other than health)	15	23	Taxes and licenses	23
16	Interest (see instructions):	16	24	Travel and meals:	24
a Mortgage (paid to banks, etc.)	16a	25	a Travel	24a	
b Other	16b	26	b Deductible meals (see instructions)	24b	
17	Legal and professional services	17	26	Utilities	26
25	Total expenses before expenses for business use of your home. Add lines 8 through 27a	25	26	Wages (less employment credits)	26
26	Territorial profit or loss. Subtract line 28 from line 7.	26	27a	Other expenses (from line 48)	27a
27	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.	27	27b	b Reserved for future use	27b
28	Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	28	27c		27c
29	Net profit or (loss). Subtract line 30 from line 25.	29	28		28
30		30	29		29
31		31			

32a All investment is at risk.
 32b Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11334P Schedule C (Form 1040) 2020

Note: We must collect the Schedule C if business income (or loss) was reported.

SCHEDULE E

SCHEDULE E (Form 1040) Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074
2020 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (IRS) **Go to www.irs.gov/ScheduleE for instructions and the latest information.**
Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Name(s) shown on return _____ Your social security number _____

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A					
B					
C					

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A			A		
B			B		
C			C		

Type of Property:
 1 Single-Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3	Rents received	3		
4	Royalties received	4		

Expenses:

5	Advertising	5
6	Auto and travel (see instructions)	6
7	Cleaning and maintenance	7
8	Commissions	8
9	Insurance	9
10	Legal and other professional fees	10
11	Management fees	11
12	Mortgage interest paid to banks, etc. (see instructions)	12
13	Other interest	13
14	Repairs	14
15	Supplies	15
16	Taxes	16
17	Utilities	17
18	Depreciation expense or depletion	18
19	Other (list)	19
20	Total expenses. Add lines 5 through 19	20
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a loss, see instructions to find out if you must file Form 6198	21
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22

23a	Total of all amounts reported on line 3 for all rental properties	23a
b	Total of all amounts reported on line 4 for all royalty properties	23b
c	Total of all amounts reported on line 12 for all properties	23c
d	Total of all amounts reported on line 18 for all properties	23d
e	Total of all amounts reported on line 20 for all properties	23e

24 Income. Add positive amounts shown on line 21. Do not include any losses _____

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here _____

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 _____

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11344L Schedule E (Form 1040) 2020

SCHEDULE D

SCHEDULE D (Form 1040) Capital Gains and Losses

OMB No. 1545-0074
2020 Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (IRS) **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
Use Form 8949 to list your transactions for lines 1b, 2, 3, 9b, 9, and 10.

Name(s) shown on return _____ Your social security number _____

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.
 This form may be easier to complete if you round off cents to whole dollars.

(f) Proceeds (sales price)	(g) Cost (or other basis)	(h) Gain or (loss) (Subtract column (g) from column (f) and combine the result with column (i))
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions	6
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	7

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.
 This form may be easier to complete if you round off cents to whole dollars.

(f) Proceeds (sales price)	(g) Cost (or other basis)	(h) Gain or (loss) (Subtract column (g) from column (f) and combine the result with column (i))
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	
11	Gain from Form 4797, Part I, long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12
13	Capital gain distributions. See the instructions	13
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions	14
15	Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back	15

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 11338H Schedule D (Form 1040) 2020

Note: We must collect the Schedule E if assets were reported.

Note: We must collect the Schedule D if capital gains and losses were reported.



2020 IRS TAX RETURN TRANSCRIPT SAMPLE

Sample Tax Return Transcript – Harry and Eleanor Bosch



Internal Revenue Service United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-30-2021
Response Date: 08-30-2021
Tracking Number: XXXXXXXXXXXX

Tax Return Transcript

SSN Provided: XXX-XX-4285
Tax Period Ending: Dec. 31, 2020

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: XXX-XX-4285
SPOUSE SSN: XXX-XX-2230

1040: P1 NAME (S) SHOWN ON RETURN: HARR T & ELEA W BOSCH
ADDRESS: 7203 W

1040: P1 FILING STATUS: Married Filing Joint
FORM NUMBER: 1040
CYCLE POSTED: 20211702
RECEIVED DATE: Apr. 26, 2021
REMITTANCE: \$0.00
EXEMPTION NUMBER: 04

1040: P1 DEPENDENT 1 NAME CTRL: BOSCH
DEPENDENT 1 SSN: XXX-XX-8644
DEPENDENT 2 NAME CTRL: BOSCH
DEPENDENT 2 SSN: XXX-XX-6882
DEPENDENT 3 NAME CTRL:
DEPENDENT 3 SSN:
DEPENDENT 4 NAME CTRL:
DEPENDENT 4 SSN:
PTIN:
PREPARER EIN:

Income

1040: 1 WAGES, SALARIES, TIPS, ETC.: \$161,567.00
TAXABLE INTEREST INCOME: SCH B: \$880.00
1040: 2a 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
Sch 1: 3 BUSINESS INCOME OR LOSS (Schedule 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
1040: 4a TOTAL IRA DISTRIBUTIONS: \$0.00
1040: 4b TAXABLE IRA DISTRIBUTIONS: \$0.00
1040: 5a TOTAL PENSIONS AND ANNUITIES: \$0.00
1040: 5b TAXABLE PENSION/ANNUITY AMOUNT: \$0.00
ADDITIONAL INCOME: \$0.00
ADDITIONAL INCOME PER COMPUTER: \$0.00
REFUNDABLE CREDITS PER COMPUTER: \$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER: \$0.00
QUALIFIED BUSINESS INCOME DEDUCTION: \$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E): \$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER: \$0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER: \$0.00

*Income earned from work: IRS Form 1040-Line 1, Schedule 1-Lines 3 and 6, Schedule K-1 (IRS Form 1065)-Box 14 (Code A).
If any individual earning item is negative, do not include that item in your calculation.

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13

Untaxed Portion of IRS, Pension and Annuities

IRA Deductions and Payments

KEOGH/SEP Contribution Deductions

Plus

IRS Deduction Per Computer

Adjusted Gross Income (AGI)

Tax Year

Filing Status

Wages, Business and Farm Income

Sch 1: 0 ESTATE/TRUST INCOME/LOSS PER COMPUTER: \$0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER: \$0.00
FARM INCOME OR LOSS (Schedule F): \$0.00
Sch 1: 0 FARM INCOME OR LOSS (Schedule F) PER COMPUTER: \$0.00
UNEMPLOYMENT COMPENSATION: \$0.00
TOTAL SOCIAL SECURITY BENEFITS: \$0.00
TAXABLE SOCIAL SECURITY BENEFITS: \$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER: \$0.00
OTHER INCOME: \$0.00
SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER: \$0.00
SCH EIC DISQUALIFIED INC COMPUTER: \$0.00
QUALIFIED BUSINESS INCOME DEDUCTION: \$0.00
F8995 QUALIFIED BUSINESS INCOME DEDUCTION COMPUTER: \$0.00
PRIMARY ECONOMIC PAYMENT: \$1,700.00
SECONDARY ECONOMIC PAYMENT: \$1,700.00
SCHOLARSHIP FELLOWSHIP GRANT: \$0.00
TOTAL INCOME: \$162,447.00
TOTAL INCOME PER COMPUTER: \$162,447.00

Adjustments to Income

EDUCATOR EXPENSES: \$0.00
EDUCATOR EXPENSES PER COMPUTER: \$0.00
RESERVIST AND OTHER BUSINESS EXPENSE: \$0.00
HEALTH SAVINGS ACCT DEDUCTION: \$0.00
Sch 1: 12 HEALTH SAVINGS ACCT DEDUCTION PER COMPTR: \$0.00
MOVING EXPENSES: F3903: \$0.00
SELF EMPLOYMENT TAX DEDUCTION: \$0.00
SELF EMPLOYMENT TAX DEDUCTION VERIFIED: \$0.00
Sch 1: 15 KEOGH/SEP CONTRIBUTION DEDUCTION: \$0.00
SELF-EMP HEALTH INS DEDUCTION: \$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY: \$0.00
ALIMONY PAID SSN: \$0.00
ALIMONY PAID: \$0.00
SCHOLARSHIP FELLOWSHIP EXCLUDED: \$0.00
IRA DEDUCTION: \$0.00
Sch 1: 19 IRA DEDUCTION PER COMPUTER: \$0.00
STUDENT LOAN INTEREST DEDUCTION: \$0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER: \$0.00
TUITION AND FEES DEDUCTION VERIFIED: \$0.00
TUITION AND FEES DEDUCTION: \$0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION: \$0.00
OTHER ADJUSTMENTS: \$0.00
ARCHER MSA DEDUCTION: \$0.00
ARCHER MSA DEDUCTION PER COMPUTER: \$0.00
TOTAL ADJUSTMENTS: \$0.00
TOTAL ADJUSTMENTS PER COMPUTER: \$0.00
ADJUSTED GROSS INCOME: \$162,447.00
1040: 11 ADJUSTED GROSS INCOME PER COMPUTER: \$162,447.00

Tax and Credits

65-OR-OVER: NO
BLIND: NO
SPOUSE BLIND: NO
STANDARD DEDUCTION PER COMPUTER: \$0.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER: \$0.00
TAX TABLE INCOME PER COMPUTER: \$125,115.00
EXEMPTION AMOUNT PER COMPUTER: \$0.00
TAXABLE INCOME: \$125,115.00
TAXABLE INCOME PER COMPUTER: \$125,115.00
TENTATIVE TAX: \$19,105.00
TENTATIVE TAX PER COMPUTER: \$19,105.00
FORM 8814 ADDITIONAL TAX AMOUNT: \$0.00

*Income earned from work: IRS Form 1040-Line 1, Schedule 1-Lines 3 and 6, Schedule K-1 (IRS Form 1065)-Box 14 (Code A).
If any individual earning item is negative, do not include that item in your calculation.

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Schedule A--Itemized Deductions

MEDICAL/DENTAL
MEDICAL AND DENTAL EXPENSES:.....\$0.00
ADJUSTED GROSS INCOME PERCENTAGE:.....\$12,184.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 10 PERCENT:.....\$0.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 7.5 PERCENT:.....\$12,183.00
NET MEDICAL DEDUCTION:.....\$0.00
NET MEDICAL DEDUCTION PER COMPUTER:.....\$0.00
TAXES PAID
STATE AND LOCAL INCOME OR SALES TAXES:.....\$8,258.00
GENERAL SALES TAX:.....\$0.00
REAL ESTATE TAXES:.....\$15,687.00
PERSONAL PROPERTY TAXES:.....\$0.00
OTHER TAXES AMOUNT:.....\$0.00
SCH A TAX DEDUCTIONS:.....\$10,000.00
SCH A TAX PER COMPUTER:.....\$10,000.00
INTEREST PAID
MORTGAGE INTEREST (FINANCIAL):.....\$26,392.00
MORTGAGE INTEREST (INDIVIDUAL):.....\$0.00
DEDUCTIBLE POINTS:.....\$0.00
QUALIFIED MORTGAGE INSURANCE PREMIUMS:.....\$0.00
DEDUCTIBLE INVESTMENT INTEREST:.....\$0.00
TOTAL INTEREST DEDUCTIONS:.....\$26,392.00
TOTAL INTEREST DEDUCTION PER COMPUTER:.....\$26,392.00
CHARITABLE CONTRIBUTIONS
CASH CONTRIBUTIONS:.....\$490.00
OTHER THAN CASH: Form 8283:.....\$450.00
CARRYOVER FROM PRIOR YEAR:.....\$0.00
SCH A TOTAL CONTRIBUTIONS:.....\$940.00
SCH A TOTAL CONTRIBUTIONS PER COMPUTER:.....\$940.00
CASUALTY AND THEFT LOSS
CASUALTY OR THEFT LOSS:.....\$0.00
JOBS AND MISCELLANEOUS
UNREIMBURSED EMPLOYEE EXPENSE AMOUNT:.....\$0.00
TOTAL LIMITED MISC EXPENSES:.....\$0.00
NET LIMITED MISC DEDUCTION:.....\$0.00
NET LIMITED MISC DEDUCTION PER COMPUTER:.....\$0.00
OTHER MISCELLANEOUS
OTHER THAN GAMBLING AMOUNT:.....\$0.00
OTHER MISC DEDUCTIONS:.....\$0.00
TOTAL ITEMIZED DEDUCTIONS
TOTAL ITEMIZED DEDUCTIONS:.....\$37,332.00
TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$37,332.00
RECOMPUTED TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$0.00
ELECT ITEMIZED DEDUCTION INDICATOR:.....
SCH A ITEMIZED PERCENTAGE PER COMPUTER:.....\$0.00
Interest and Dividends
GROSS SCHEDULE B INTEREST:.....\$880.00
TAXABLE INTEREST INCOME:.....\$880.00
EXCLUDABLE SAVINGS FROM BOND INT:.....\$0.00
GROSS SCHEDULE B DIVIDENDS:.....\$0.00
DIVIDEND INCOME:.....\$0.00
FOREIGN ACCOUNTS INT:.....None
REQUIRED TO FILE FINCEN FORM 114:.....None

Last page of the IRS Tax Return Transcript

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS
GROSS EDUCATION CR PER COMPUTER:.....\$0.00
TOTAL EDUCATION CREDIT AMOUNT:.....\$0.00
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$0.00
This Product Contains Sensitive Taxpayer Data



2020 IRS 1040X SAMPLE

Students or parents who amend their tax returns must provide the Financial Aid Office with additional documentation for the Verification process. We would need the following to verify the income of the student or the parent if an amended return was filed:

- A signed copy of the original 2020 U.S. Income Tax Return & a signed copy of a completed and submitted 2020 IRS 1040X or
- A 2020 IRS Tax Return Transcript & a 2020 Tax Account Transcript

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Form 1040-X		Department of the Treasury—Internal Revenue Service		OMB No. 1545-0074		
Amended U.S. Individual Income Tax Return		Go to www.irs.gov/Form1040X for instructions and the latest information.				
(Rev. January 2020)						
This return is for calendar year <input type="checkbox"/> 2019 <input type="checkbox"/> 2018 <input type="checkbox"/> 2017 <input type="checkbox"/> 2016						
Other year. Enter one: calendar year 2020 or fiscal year (month and year ended):						
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		
Current home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	Your phone number	
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		
Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from a joint return to separate returns after the due date.						
<input type="checkbox"/> Single			<input type="checkbox"/> Married filing jointly	<input type="checkbox"/> Married filing separately (MFS)	<input type="checkbox"/> Qualifying widow(er) (QW)	
					<input type="checkbox"/> Head of household (HOH)	
If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶						
Use Part III on the back to explain any changes						
Income and Deductions		A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount		
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ <input type="checkbox"/>		1				
2 Itemized deductions or standard deduction		2				
3 Subtract line 2 from line 1		3				
4a Exemptions (amended 2017 or earlier returns only). If changing, complete Part I on page 2 and enter the amount from line 29		4a				
b Qualified business income deduction (amended 2018 or later returns only)		4b				
5 Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-		5				
Tax Liability						
6 Tax. Enter method(s) used to figure tax (see instructions):		6				
7 Credits. If a general business credit carryback is included, check here ▶ <input type="checkbox"/>		7				
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-		8				
9 Health care: individual responsibility (amended 2018 or earlier returns only). See instructions		9				
10 Other taxes		10				
11 Total tax. Add lines 8, 9, and 10		11				
Payments						
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)		12				
13 Estimated tax payments, including amount applied from prior year's return		13				
14 Earned income credit (EIC)		14				
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):		15				
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed		16				
17 Total payments. Add lines 12 through 15, column C, and line 16		17				
Refund or Amount You Owe						
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS		18				
19 Subtract line 18 from line 17. (If less than zero, see instructions.)		19				
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference		20				
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return		21				
22 Amount of line 21 you want refunded to you		22				
23 Amount of line 21 you want applied to your (enter year): estimated tax 23		23				

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Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

	For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines. Note: See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.	A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank			
25	Your dependent children who lived with you			
26	Your dependent children who didn't live with you due to divorce or separation			
27	Other dependents			
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank			
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank			
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and <input checked="" type="checkbox"/> here			

(a) First name		(b) Social security number	(c) Relationship to you	(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
Last name				Child tax credit	Credit for other dependents (amended 2018 or later returns only)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund

- Checking below won't increase your tax or reduce your refund.
- Check here if you didn't previously want \$3 to go to the fund, but now do.
- Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

▶ Attach any supporting documents and new or changed forms and schedules.

Remember to keep a copy of this form for your records.

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

Sign Here

Your signature	Date	Your occupation
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation

Paid Preparer Use Only

Preparer's signature	Date	Firm's name (or yours if self-employed)
Print/type preparer's name	Firm's address and ZIP code	
PTIN	<input type="checkbox"/> Check if self-employed	Phone number
		EIN

Signatures

Taxes need to be signed if "self prepared" or include, name, address and EIN/PTIN if prepared by a firm or an accountant.