

የስኮላርሺፕ ማመልከቻ የገቢ ሰነድ መረጃ፡-

በቤተሰብ ውስጥ ላሉ ሁሉም አዋቂዎች የገቢ ሰነድ ያስፈልጋል እና የጥገኞች ማረጋገጫ ለልጆች ያስፈልጋል። ሁሉም የቤተሰብ አባላት በቀረቡት ሰነዶች ላይ ካልተዘረዘሩ አመልካቾች ለበለጠ መረጃ ይጠየቃሉ።

ተመራጭ ዘዴ፡-

- ❖ የ2024 1040 የፌዴራል የገቢ ግብር ተመላሽ ቅጂ ከሁሉም የቤተሰብ አባላት ጋር ያቅርቡ። ሁሉንም የቤተሰብ አባላት እና የገቢ ምንጮችን የሚያካትት ከሆነ ሌላ ሰነዶች አያስፈልጉም። ሰነዶችን በሚያስገቡበት ጊዜ፣ እባክዎ ሁሉንም የማህበራዊ ዋስትና ቁጥሮች እና የባንክ ማዘዣ ቁጥሮች እንዳይታዩ ያርጉ።

ግብር ካላቀረቡ ተለዋጭ ሰነዶች ሊቀበሉ ይችላሉ፡-

- ❖ **የህዝብ ድጋፍ ፕሮግራሞች፡-** ሁሉንም የቤተሰብ/ቤተሰብ አባላት የሚዘረዝሩ ሰነዶችን ያካትቱ ወይም ለሁሉም የተዘረዘሩ ጥገኞች የልደት የምስክር ወረቀት ያካተቱ። ጥቅማ ጥቅሙ የገቢዎ ብቸኛ ምንጭ ካልሆነ፣ የገቢ ምንጭ ሰነዶችን ማቅረብ አለብዎት። የአንላይን አካውንቶች ቅጽብታዊ ገጽ ፎቶዎችን መቀበል አንችልም። የጥቅማ ጥቅሞች ደብዳቤው የእርስዎን ስም፣ የጥቅማ ጥቅም መጠን እና የቅርብ ጊዜ ቀን መዘርዘር አለበት (ያለፈበትን የጥቅማ ጥቅም ደብዳቤ መቀበል አንችልም)።
 - **ጊዜያዊ እርዳታ ለተቸገሩ ቤተሰቦች (TANF)**
 - **ለአካል ጉዳት የማህበራዊ ዋስትና ገቢ (SSI)**
 - **የእድገት አካል ጉዳተኝነት አስተዳደር (ዲዲኤ)**
 - **የSNAP የጥቅማ ጥቅም ደብዳቤ።**
- ❖ **የሰራ አጥነት መግለጫ፡-** የሰራ አጥ ጥቅም ጥቅም ከተቀበሉ የሳምንት ክፍያ ዝርዝር እና ጥቅማ ጥቅሙ ሲያልቅ የጥቅማ ጥቅሙን ደብዳቤ ማስገባት ይችላሉ። በማንኛውም ጊዜ ሥራዎ ከተቀየረ የገቢ ለውጥን ለስኮላርሺፕ ቢሮ ማሳወቅ አለብዎት።
- ❖ **የአንድ (1) ወር የቅርብ ጊዜ የደመወዝ ቼኮች (የትርፍ ሰዓት ከሆኑ 2 ወራት) ዕድሜያቸው 18 ዓመት እና ከዚያ በላይ ለሆኑ ለተዘረዘሩት የቤተሰብ/የቤተሰብ አባላት በሙሉ ያቅርቡ።** ለሁሉም የተዘረዘሩ ጥገኞች የልደት የምስክር ወረቀት ከማመልከቻው ጋር መካተት አለበት። ከክፍያ መዝገቦችዎ በተጨማሪ ሌሎች የገቢ ምንጮች ካሉዎት ያንን ሰነድም ማቅረብ አለብዎት። ጠቅላላ ወርሃዊ ገቢ ከታክስ/ቅናሾች በፊት ለብቁነት ስሌት ጥቅም ላይ ይውላል።
- ❖ **የማህበራዊ ዋስትና ጥቅማ ጥቅሞች ሰነድ፡-** (SSI ወይም SSA-1099)። የሶሻል ሴኩራቲ ብቸኛ የገቢ ምንጭ ካልሆነ (ለምሳሌ ከጡረታ፣ ከተቆራጭ፣ ከንግድ ገቢ፣ ወዘተ ገቢ የሚያገኙ ከሆነ) 1040 የፌዴራል የገቢ ታክስ ተመላሽ መቅረብ አለበት።
- ❖ **የሙሉ ጊዜ ተማሪ ማረጋገጫ፡-** የገንዘብ ድጋፍ የሚያገኙ ጎልማሳ ተማሪዎች ለነፃ ትምህርት ዕድል ብቁ ሊሆኑ ይችላሉ። በማመልከቻው ላይ የተዘረዘረውን የጎልማሳ ተማሪን የገቢ ሁኔታ ለማንፀባረቅ ተማሪዎች የክፍል መርሃ ግብራቸውን፣ የገንዘብ ድጋፍ ሽልማት ደብዳቤ እና ለማንኛውም የገቢ ምንጮች ሰነዶች ማቅረብ አለባቸው። ይህ ከስፖንሰሮች የሚገኘውን የገንዘብ ድጋፍ እና ከዩኒቨርሲቲው የሚሰጠውን ሁሉንም የገንዘብ ድጋፍ ይጨምራል። ተማሪው እንደ ጥገኛ ከተቆጠረ ወይም በገንዘብ ጥገኛ ከሆነ - ከ25 አመት በታች የሆነ በተለምዶ፣ ወላጅ(ዎች)/አሳዳጊ(ዎች) 1040 የገቢ ግብር መረጃቸውን እና የሚመለከተውን ተማሪ ጨምሮ የቤተሰብ ብዛት ማቅረብ አለባቸው።
- ❖ **ከሌላ ሀገር መጎብኘት፡-** የጎብኝ ፕሮግራም/ተማሪ ከሆኑ የቪዛ ወረቀቱን ቅጂ እና በርስዎ፣ በዩኒቨርሲቲው፣ በአሜሪካ መንግስት እና በአገርዎ መካከል የሚደረጉ ደብዳቤዎች/ስምምነቶች እና ካስገቡ የእርስዎን 2024 1040 እንፈልጋለን። ከትውልድ ሀገርዎ እና ከስፖንሰሮች ጨምሮ ሁሉንም የገቢ ምንጮች ማሳወቅ አለብዎት። ሁሉም ጥገኞችም የቪዛ ወረቀታቸውን ማቅረብ አለባቸው።
- ❖ **የገቢ ሰነዶች እጥረት፡-** በቤተሰብ ውስጥ ያሉ አዋቂዎች ምንም የገቢ ምንጭ ከሌላቸው የኮሎ ገቢ ሰነዶችን እንፈልጋለን። እባክዎ በዚህ ሁኔታ ውስጥ እርዳታ ለማግኘት የስኮላርሺፕ ቢሮን ያግኙ።
- ❖ **የጥሬ ገንዘብ ሰራተኛ፡-** የጥሬ ገንዘብ ሰራተኛ ከሆኑ እና የገቢ ምንጮቹን መመዘገብ የምትችልበት መንገድ ከሌለህ፣ እባክዎን የስኮላርሺፕ ቢሮ ያግኙ።
- ❖ **የማደጎ ልጆች፡-** የማደጎ ልጆች እንደ አንድ ቤተሰብ ስኮላርሺፕ ለማግኘት ማመልከት ይችላሉ። እባክዎ አሳዳጊውን ወላጅ እና ልጅ ሁለቱንም የሚዘረዝር የማደጎ እንክብካቤ ወረቀት ያቅርቡ።

❖ W-2s ን፣ 1040 ግልባጭታትን፣ ያለፉትን ዓመታት 1040 የግብር ተመላሾችን፣ የባንክ መግለጫዎች፣ የመስመር ላይ መለያዎች ስክሪን ሾት፣ አጥል ጤና ካርዶች፣ ወይም ሌላ ጥቅም ካርዶች አንቀበልም።

ለጥያቄዎች፣ እባክዎን scholarship.parks@seattle.gov ያግኙ

Examples of Documents:

2024 1040 Tax document page 1 & 2

1040 Department of the Treasury • Internal Revenue Service **2024** U.S. Individual Income Tax Return **2024** OMB No. 1545-0047 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning , 2024, ending .20 See separate instructions.

Your first name and middle initial Last name **Jane Blue** Your social security number [REDACTED]
 If joint return, spouse's first name and middle initial Last name **George Blue** Spouse's social security number [REDACTED]

Home address (number and street), if you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign
222 2nd Ave St City, town, or post office, if you have a foreign address, also complete spaces below. State ZIP code **wa 98125** 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. Yes No Spouse

Filing Status Single Head of household (HCH) Married filing jointly (even if only one had income) Married filing separately (MFS) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset or a financial interest in a digital asset? (See instructions.) Yes No

Standard Deduction Spouse itemizes on a separate return or you are a dual-status alien You as a dependent Your spouse as a dependent

Age/Blindness You Were born before January 2, 1950 Are blind Spouse: Was born before January 2, 1950 Is blind

Dependents (see instructions):
 (i) First name Last name (ii) Social security number (iii) Relationship to you (iv) Check the box if qualifies for (see instructions):
 Credit tax credit Credit for other dependents
Apple Blue [REDACTED]
Margo Blue [REDACTED]
Tom Blue [REDACTED]

Income **1a** Total amount from Form(s) W-2, box 1 (see instructions) **1a** **60,000**
1b Household employer wages not reported on Form(s) W-2 **1b**
1c Tip 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 20 **1e**
1f Employer-provided adoption benefits from Form 8839, line 29 **1f**
1g Wages from Form 9919, line 6 **1g**
1h Other earned income (see instructions) **1h**
1i Nontaxable combat pay election (see instructions) **1i**

2 Add lines 1a through 1h **2**

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 Additional income from Schedule 1, line 10 **8**
9 Add lines 1c, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income **9**
10 Adjustments to income from Schedule 1, line 20 **10**
11 Subtract line 10 from line 9. This is your adjusted gross income **11** **60,000**
12 Standard deduction or itemized deductions (from Schedule A) **12**
13 Qualified business income deduction from Form 8995 or Form 8995-A **13**
14 Add lines 12 and 13 **14**
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income **15**

Form 1040 (2024) Page 2

16 Tax (see instructions). Check if any from Form(s) 1 4814 2 4972 3 **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 from Schedule 6812 **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**

Payments **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 2024 estimated tax payments and amount applied from 2023 return **26**
27 Earned income credit (EIC) **27**
28 Additional child tax credit from Schedule 6812 **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** 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 **35a**
b Routing number e Type: Checking Savings **35b**
d Account number **35d**
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 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 Yes, Complete below. No

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.

Your signature Date Your occupation If the IRS sent you an identity protection PIN, enter it here (see inst.).
Jane Blue 2/15/25 worker
 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.).
George Blue 2/15/25 worker

Phone no. Email address


Paid Preparer Use Only Preparer's name Preparer's signature Date PTIN Check if: Self-employed
 Firm's name Phone no.
 Firm's address Firm's EIN

Go to www.irs.gov/form1040 for instructions and the latest information. Form 1040 (2024)

Block out social security numbers and bank routing numbers

TANF benefit letter

OLYMPIA
PO BOX 11699
TACOMA WA 98411-6699

 Washington State
Department of Social
& Health Services
Phone #
TTY/TDD #
Toll Free # 877-501-2233
Client ID # 123456789

05/04/15

BONNIE M CLIENT
826 TIPSOO LOOP S
RAINIER WA 98576-9745

Dear BONNIE M CLIENT

You will receive the following benefits:

	Begin Date	End Date	
Cash – Aged, Blind, Disabled Assistance (ABD)	05/04/15	04/30/16	
Basic Food Assistance (federal)	05/04/15	04/30/16	
Cash – Aged, Blind, Disabled Assistance (ABD)	First Issuance \$177.00	Second Issuance \$197.00	Future Issuances \$197.00
Basic Food Assistance (federal)	\$174.00	\$194.00	\$194.00

Your cash benefit will be available on day 1 of each month.

You must:

- Apply for Supplemental Security Income (SSI) if you meet SSI citizenship requirements.
- Cooperate with chemical dependency treatment if you are assessed as dependent on drugs or alcohol.

Your food benefit will be available on day 7 of each month.

We will add your benefits to an Electronic Benefits Transfer (EBT) account.

DSHS Has Two Food Programs

DSHS has a federal food program called Basic Food. To receive federal Basic Food benefits, you must meet all federal rules, which require U.S. citizenship or certain alien status. 7 CFR 273.4

This letter includes begin date, end date, adult's name, benefit amount)

This benefit letter does not list the dependent children in the household. Birth certificates or other proof of dependency are therefore required.

