INCOME ELIGIBILITY GUIDELINES
Effective from July 1,2024 through June 30, 2025

Applicants must meet income eligibility guidelines published by USDA (see chart) **and** must be a recipient of the Free and Reduced Lunch program. **Required documentation: 2023 completed 1040 Tax Return form with student listed as dependent and proof of receipt of Free/Reduced Lunch.**

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	35,200	2,933	1,467	1,354	677
2	40,200	3,350	1,675	1,546	773
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
For each additional family member, add	9,953	830	415	383	192

Income Guidelines provided by USDA.gov.
REMINDER: Total income before taxes, social security, health benefits, union dues or other deductions must be reported.

Applicants may also be eligible if student is a current recipient of one of the following:

1) SNAP
2) TANF
3) HUD
4) Medicaid
5) Currently in Foster Care or certified homeless

Note: The student who is applying to be a part of the Take Stock in Children program **MUST** be listed as a dependent on all income verification documents submitted with their application. If the student applying is not listed in the documentation, then documentation MAY NOT be used to verify the student's eligibility.

The following documentation IS NOT acceptable to verify eligibility for TSIC:

a) **W-2s/ Social Security Statement alone**
b) **Disability**
c) **Statement of non-filing of taxes through IRS**
d) **The free/reduced lunch screen** in the School District's student profile program
e) **Direct Certification letter from State of Florida**

Determining TSIC Eligibility through 1040 Tax Return

• The student applicant **MUST** be claimed as a dependent on the tax return provided to verify income eligibility.
• The total number of dependents listed on the tax return provided should be used to verify income eligibility.

Form 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **2023** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20___ See separate instructions.

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

Filing Status Check only one box.
☐ Single ☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, 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 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, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Student must be listed as a dependent.

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a
b	Household employee wages not reported on Form(s) W-2	1b
c	Tip income not reported on line 1a (see instructions)	1c
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
e	Taxable dependent care benefits from Form 2441, line 26	1e
f	Employer-provided adoption benefits from Form 8839, line 29	1f
g	Wages from Form 8919, line 6	1g
h	Other earned income (see instructions)	1h
i	Nontaxable combat pay election (see instructions) 1i	
z	Add lines 1a through 1h	1z

2a	Tax-exempt interest	2a		b	Taxable interest	2b
3a	Qualified dividends	3a		b	Ordinary dividends	3b
4a	IRA distributions	4a		b	Taxable amount	4b
5a	Pensions and annuities	5a		b	Taxable amount	5b
6a	Social security benefits	6a		b	Taxable amount	6b

Attach Sch. B if required.

Standard Deduction for—
• Single or Married filing separately, $13,850
• Married filing jointly or Qualifying surviving spouse, $27,700
• Head of household, $20,800
• If you checked any box under Standard Deduction, see instructions.

c	If you elect to use the lump-sum election method, check here (see instructions) ☐	
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 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9
10	Adjustments to income from Schedule 1, line 26	10
11	Subtract line 10 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 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

Total income.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2023)