



## INCOME ELIGIBILITY GUIDELINES

*Effective from July 1, 2021 through June 30, 2022*

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: **2020 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	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
<b>For each additional family member, add</b>	8,399	700	350	324	162

**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 (99) **2020** 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. \_\_\_\_\_  
 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 \_\_\_\_\_  
**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

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

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>
<b>2a</b> Tax-exempt interest	<b>2a</b>
<b>3a</b> Qualified dividends	<b>3a</b>
<b>4a</b> IRA distributions	<b>4a</b>
<b>5a</b> Pensions and annuities	<b>5a</b>
<b>6a</b> Social security benefits	<b>6a</b>
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	<b>7</b>
<b>8</b> Other income from Schedule 1, line 9	<b>8</b>
<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	<b>9</b>
<b>10</b> Adjustments to income:	
<b>a</b> From Schedule 1, line 22	<b>10a</b>
<b>b</b> Charitable contributions if you take the standard deduction. See instructions	<b>10b</b>
<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b>	<b>10c</b>
<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b>	<b>11</b>
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>12</b>
<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A	<b>13</b>
<b>14</b> Add lines 12 and 13	<b>14</b>
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-	<b>15</b>

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,400  
 • Married filing jointly or Qualifying widow(er), \$24,800  
 • Head of household, \$18,650  
 • If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 113208 Form **1040** (2020)

Student must be listed as dependent.

Total Income