



**Application Review Activity
Auditor In Depth Training
August 2023**

Sample Student Applications

- Is the student eligible to participate in the Choice program? Why or why not?
- Are the identified errors correctable? Do the corrections need to be identified on the enrollment audit?

Individuals completing this for OAS Auditor Access training must identify at least one issue for each application in the chat.

| Code | Description | Considered Income? | | Code | Description | Considered Income? |
|------------|---|--------------------|--|------------|---|--------------------|
| foodstamps | FoodShare / Food Stamps | N | | Joint 1040 | The parents on the application filed a joint 1040. | Y |
| housing | Housing Assistance Income | N | | Indiv 1040 | The parents on the application filed a | Y |
| none | No Family Income | N | | 1099 | Income reported on a 1099 tax form | Y |
| otherprog | Other assistance (ex: child support payments, welfare benefits) | N | | cash | Cash income not reported on a W2 Wage & Tax Statement or a 1099 tax | Y |
| ssi | Supplemental Security Income | N | | earnings | Job related compensation reported on | Y |
| tanf | Temporary Assistance for Needy | N | | other | Other Income | Y |
| wisworks | Wisconsin Works (W2) | N | | ss | Social Security benefits | Y |
| | | | | wages | Job related compensation reported on a W2 Wage & Tax Statement | Y |

RPCP Application

| Code | Description | Considered Income? |
|------------|---|--------------------|
| foodstamps | FoodShare / Food Stamps | N |
| housing | Housing Assistance Income | N |
| none | No Family Income | N |
| otherprog | Other assistance (ex: child support payments, welfare benefits) | N |
| ssi | Supplemental Security Income | N |
| tanf | Temporary Assistance for Needy | N |
| wisworks | Wisconsin Works (W2) | N |

| School Name | New or Continuing | Random Order | Application ID | Family ID | First Name | Last Name | Date of Birth | Address | City | State | Zip | Parent | Parent #2 | Date App Received | Choice Program |
|---------------------------|-------------------|--------------|----------------|-----------|------------|-----------|---------------|----------------------|--------|-------|-------|-----------|-----------|-------------------|----------------|
| Yesterday, Today & Always | New | | 999849 | 164449 | Rai | Ling | 8/4/2014 | 45 N. Mount Pleasant | Racine | WI | 53404 | Ling, Tan | | 9/13/2023 | RPCP |

| Married? | Family Size | Total Income | Maximum Income | Income Method | Income Review Type | Parent 1 Income | Parent 2 Income | Parent 1 Gov Assistance | Parent 2 Gov Assistance | Clothing | Food | Shelter | Other/Cash Description | 3rd Fri Sept Grade | 3rd Fri Sept Headcount | 3rd Fri Sept FTE | Family Type |
|----------|-------------|--------------|----------------|---------------|--------------------|-----------------|-----------------|-------------------------|-------------------------|---------------|------------|--------------|------------------------|--------------------|------------------------|------------------|-------------|
| | 2 | - | 50,730 | DPI | No Income | | | foodstamps, otherprog | | Child support | Food share | Grandparents | | 5 | 1 | 1 | New |

MILWAUKEE
MILWAUKEE ENROLLMENT SERVICES
PO BOX 05676
MILWAUKEE WI 53205



State of Wisconsin

Case #: 0123445

Milwaukee Enrollment Services
Worker: Choice
Phone #: 1-555-123-1234
Fax #: (555) 123-2345
Use fax # to send verifications.

Mailing Date: 12/12/2022

Tan Young
45 N. Mount Pleasant Ave
Racine, WI 534 04



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call 1-888-947-6583. These services are free.

You Are Getting One-Time FoodShare Benefits

This letter is to notify you that you are getting one-time FoodShare benefits for the month shown in the table below. The amount of the benefits and reason are also shown below. The benefits are in your FoodShare account now.

| Month | Amount | Reason(s) |
|-------|----------|--|
| 1/23 | \$145.00 | - You are getting additional benefits January through June due to a new federal law. This amount is for January. Starting next month, this amount will be added at the same time as your usual benefits. |

Racine Unified School District

Register

Search

45 N Mount Pleasant X 53402 X

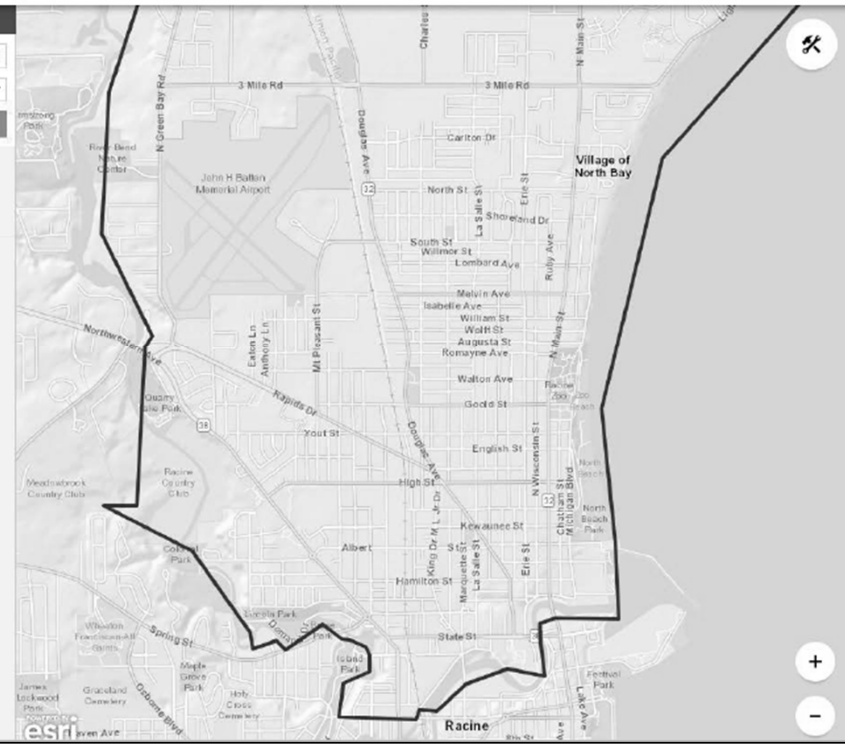
All Grades and Schools

Search

Your search did not return an exact match. Please select the closest option from the list below.

Possible Matches (4)

- 45 N Main St
- 45 N Ohio St
- 45 N Milwaukee St
- 45 N Muskegoquak St



| School Name | New or Continuing | Random Order | Application ID | Family ID | First Name | Last Name | Date of Birth | Address | City | State | Zip | Parent | Parent #2 | Date App Received | Choice Program |
|---------------------------|-------------------|--------------|----------------|-----------|------------|-----------|---------------|----------------------|--------|-------|-------|-----------|-----------|-------------------|----------------|
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| Married? | Family Size | Total Income | Maximum Income | Income Method | Income Review Type | Parent 1 Income | Parent 2 Income | Parent 1 Gov Assistance | Parent 2 Gov Assistance | Clothing | Food | Shelter | Other/Cash Description | 3rd Fri Sept Grade | 3rd Fri Sept Headcount | 3rd Fri Sept FTE | Family Type |
|----------|-------------|--------------|----------------|---------------|--------------------|-----------------|-----------------|-------------------------|-------------------------|---------------|------------|--------------|------------------------|--------------------|------------------------|------------------|-------------|
| | 2 | - | 50,730 | DPI | No Income | | | foodstamps, otherprog | | Child support | Food share | Grandparents | | 5 | 1 | 1 | New |

WPCP Application

| Code | Description | Considered Income? |
|------------|---|--------------------|
| Joint 1040 | The parents on the application filed a joint 1040. | Y |
| Indiv 1040 | The parents on the application filed a 1099 | Y |
| 1099 | Income reported on a 1099 tax form | Y |
| cash | Cash income not reported on a W2 Wage & Tax Statement or a 1099 tax | Y |
| earnings | Job related compensation reported on other | Y |
| | Other Income | Y |
| ss | Social Security benefits | Y |
| wages | Job related compensation reported on a W2 Wage & Tax Statement | Y |

| School Name | New or Continuing | Random Order | Application ID | Family ID | First Name | Last Name | Date of Birth | Address | City | State | Zip | Parent | Parent #2 | Date App Received | Choice Program | District Name | Address Change |
|--------------------|-------------------|--------------|----------------|-----------|------------|-------------|---------------|-----------------|---------|-------|-------|---------------------|--------------------|-------------------|----------------|--|----------------|
| Flowers of the Sun | New | | 987654 | 123456 | Arnold | Fingerkiken | 4/28/2018 | 348 W North Ave | Madison | WI | 53714 | Fingerkiken, Martin | Fingerkiken, Wendy | 3/2/2023 | WPCP | Middleton-Cross Plains School District | N |

| Married? | Family Size | Total Income | Maximum Income | Income Method | Income Review Type | Parent 1 Income | Parent 2 Income | Parent 1 Gov Assistance | Parent 2 Gov Assistance | Clothing | Food | Shelter | Other/Cash Description | 3rd Fri Sept Grade | 3rd Fri Sept Headcount | 3rd Fri Sept FTE | Family Type |
|----------|-------------|--------------|----------------|---------------|--------------------|-----------------|-----------------|-------------------------|-------------------------|----------|------|---------|------------------------|--------------------|------------------------|------------------|-------------|
| Yes | 4 | 50,000 | 56,650 | DPI | Income | wages, 1099 | wages | | | | | | | K4 | 1 | 0.5 | New |

| | | | | | | | |
|---|--|---|--|--|---------------------|------------------|--|
| 22222 | a Employee's social security number 123-45-6789 | OMB No. 1545-0008 | | This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. | | | |
| b Employer identification number (EIN) 99-98765132 | | 1 Wages, tips, other compensation \$3,000.00 | 2 Federal income tax withheld \$120.00 | | | | |
| c Employer's name, address, and ZIP code Mary's Bakery 439 W. Wilson Madison, WI 53703 | | 3 Social security wages \$3,000.00 | 4 Social security tax withheld \$160.00 | | | | |
| | | 5 Medicare wages and tips \$3,000.00 | 6 Medicare tax withheld \$25.00 | | | | |
| | | 7 Social security tips | 8 Allocated tips | | | | |
| d Control number | | 9 | 10 Dependent care benefits | | | | |
| e Employee's first name and initial Wendy Fingerliken | | Last name 348 W. North Avenue Madison, WI 53713 | | Suff. | | | |
| | | 11 Nonqualified plans | 12a See instructions for box 12 | | | | |
| | | 13 Statutory employee <input type="checkbox"/> | Retirement plan <input type="checkbox"/> | Third-party sick pay <input type="checkbox"/> | 12b | | |
| | | 14 Other | 12c | | | | |
| | | | 12d | | | | |
| f Employee's address and ZIP code | | | | | | | |
| 15 State WI | Employer's state ID number 1431 | 16 State wages, tips, etc. \$3,000.00 | 17 State income tax \$103 | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |

Form **W-2** Wage and Tax Statement 2022 Department of the Treasury—Internal Revenue Service
 Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)
 Safe, accurate, FAST! Use

| | | | | | | | |
|--|--|---|--|--|---------------------|------------------|--|
| 22222 | a Employee's social security number 555-25-5555 | OMB No. 1545-0008 | | This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. | | | |
| b Employer identification number (EIN) 99-12345678 | | 1 Wages, tips, other compensation \$55,000.00 | 2 Federal income tax withheld \$622.00 | | | | |
| c Employer's name, address, and ZIP code Wonderful World 418 N. Windsor Sun Prairie, WI 53590 | | 3 Social security wages \$55,000.00 | 4 Social security tax withheld \$320.00 | | | | |
| | | 5 Medicare wages and tips \$55,000.00 | 6 Medicare tax withheld \$65.00 | | | | |
| | | 7 Social security tips | 8 Allocated tips | | | | |
| d Control number | | 9 | 10 Dependent care benefits | | | | |
| e Employee's first name and initial Martin K. Fingerliken | | Last name 248 W. North Avenue Madison, WI 53713 | | Suff. | | | |
| | | 11 Nonqualified plans | | 12a See instructions for box 12 | | | |
| | | 13 Statutory employee <input type="checkbox"/> | Retirement plan <input type="checkbox"/> | Third-party sick pay <input type="checkbox"/> | 12b | | |
| | | 14 Other | | 12c | | | |
| | | | | 12d | | | |
| f Employee's address and ZIP code | | | | | | | |
| 15 State WI | Employer's state ID number 1238 | 16 State wages, tips, etc. \$55,000.00 | 17 State income tax \$218 | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |

Form **W-2** Wage and Tax Statement 2022 Department of the Treasury—Internal Revenue Service
 Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)
 Safe, accurate, FAST! Use

| School Name | New or Continuing | Random Order | Application ID | Family ID | First Name | Last Name | Date of Birth | Address | City | State | Zip | Parent | Parent #2 | Date App Received | Choice Program | District Name | Address Change |
|--------------------|-------------------|--------------|----------------|-----------|------------|-------------|---------------|-----------------|---------|-------|-------|---------------------|--------------------|-------------------|----------------|--|----------------|
| Flowers of the Sun | New | | 987654 | 123456 | Arnold | Fingerkiken | 4/28/2018 | 348 W North Ave | Madison | WI | 53714 | Fingerkiken, Martin | Fingerkiken, Wendy | 3/2/2023 | WPCP | Middleton-Cross Plains School District | N |

| Married? | Family Size | Total Income | Maximum Income | Income Method | Income Review Type | Parent 1 Income | Parent 2 Income | Parent 1 Gov Assistance | Parent 2 Gov Assistance | Clothing | Food | Shelter | Other/Cash Description | 3rd Fri Sept Grade | 3rd Fri Sept Headcount | 3rd Fri Sept FTE | Family Type |
|----------|-------------|--------------|----------------|---------------|--------------------|-----------------|-----------------|-------------------------|-------------------------|----------|------|---------|------------------------|--------------------|------------------------|------------------|-------------|
| Yes | 4 | 50,000 | 56,650 | DPI | Income | wages, 1099 | wages | | | | | | | K4 | 1 | 0.5 | New |

CORRECTED (if checked)

| | | | | |
|---|-------------------------------|--|--|---|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. The Best Place in the World to Work 723 Ice Cream Cone Lane Madison, WI 53715 | | 1 Rents \$ | 2022 Form 1099-MISC | Miscellaneous Income |
| | | 2 Royalties \$ | | |
| PAYER'S TIN 12-12312312 | | 3 Other income \$ 2,000 | | Copy B For Recipient |
| | | 4 Federal income tax withheld \$ | | |
| RECIPIENT'S TIN 555-25-5555 | | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | |
| RECIPIENT'S name Martin K. Fingerliken Street address (including apt. no.) 348 W. North Avenue City or town, state or province, country, and ZIP or foreign postal code Madison, WI 53713 | | 7 Nonemployee compensation \$ | 8 Substitute payments in lieu of dividends or interest \$ | |
| | | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> | 10 Crop insurance proceeds \$ | |
| Account number (see instructions) | | FATCA filing requirement <input type="checkbox"/> | 11 | 12 |
| 13 Excess golden parachute payments \$ | | 14 Gross proceeds paid to an attorney \$ | | This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. |
| 15a Section 409A deferrals \$ | 15b Section 409A income \$ | 16 State tax withheld \$ | 17 State/Payer's state no. | |
| 18 State income \$ | | 18 State income \$ | | |

Form **1099-MISC** (keep for your records) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

| School Name | New or Continuing | Random Order | Application ID | Family ID | First Name | Last Name | Date of Birth | Address | City | State | Zip | Parent | Parent #2 | Date App Received | Choice Program | District Name | Address Change |
|--------------------|-------------------|--------------|----------------|-----------|------------|-------------|---------------|-----------------|---------|-------|-------|---------------------|--------------------|-------------------|----------------|--|----------------|
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| Yes | 4 | 50,000 | 56,650 | DPI | Income | wages, 1099 | wages | | | | | | | K4 | 1 | 0.5 | New |

Note: This is the same W2 from the earlier slide.

| | | | | | | |
|---|--|--|--|---------------------------------|------------------|--|
| 22222 | Employee's social security number 123-45-6789 | | This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. | | | |
| b Employer identification number (EIN) 99-98765132 | | 1 Wages, tips, other compensation \$3,000.00 | 2 Federal income tax withheld \$120.00 | | | |
| c Employer's name, address, and ZIP code Mary's Bakery 439 W. Wilson Madison, WI 53703 | | 3 Social security wages \$3,000.00 | 4 Social security tax withheld \$160.00 | | | |
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| | | 7 Social security tips | 8 Allocated tips | | | |
| d Control number | | 9 | 10 Dependent care benefits | | | |
| e Employee's first name and initial Wendy Fingerliken | | 11 Nonqualified plans | | 12a See instructions for box 12 | | |
| Last name Fingerliken | | 13 Statutory employee Retirement plan Third-party sick pay | | 12b | | |
| 348 W. North Avenue Madison, WI 53713 | | 14 Other | | 12c | | |
| f Employee's address and ZIP code | | | | 12d | | |
| 15 State Employer's state ID number WI 1431 | 16 State wages, tips, etc. \$3,000.00 | 17 State income tax \$103 | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |

Form **W-2** Wage and Tax Statement **2022** Department of the Treasury—Internal Revenue Service
 Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)
 Safe, accurate, FAST! Use

WISCONSIN STATEWIDE PARCEL MAP Download Parcel Data

Parcel ID: 0123459876

Parcel ID: 0123459876
 Tax Parcel ID: 0123459876
 Parcel Date: 27/02/2003
 Tax Roll Year: 2018
 Primary Owner Name: BIGTIME OWNER
 Secondary Owner Name:
 Full Mailing Address: 348 W NORTH AVE MADISON, WI 53713
 Full Physical Address: 348 W NORTH AVE
 Place Name: CITY OF MADISON
 School District: MADISON METROPOLITAN SCHOOL DISTRICT
 School District Number: 3269
 Improved Structure: YES
 Total Assessed Value: 268,100.00
 Assessed Value of Land: 87,300.00
 Assessed Value of Improvements: 180,800.00
 Assessed Forest Value: 0.00
 Estimated Fair Market Value: 273,000.00
 Net Property Tax: 6,037.43
 Gross Property Tax:
 Class of Property: 1
 Auxiliary Class of Property:
 Assessed Acres: 0.21

| School Name | New or Continuing | Random Order | Application ID | Family ID | First Name | Last Name | Date of Birth | Address | City | State | Zip | Parent | Parent #2 | Date App Received | Choice Program | District Name | Address Change |
|--------------------|-------------------|--------------|----------------|-----------|------------|-------------|---------------|-----------------|---------|-------|-------|---------------------|--------------------|-------------------|----------------|--|----------------|
| Flowers of the Sun | New | | 987654 | 123456 | Arnold | Fingerkiken | 4/28/2018 | 348 W North Ave | Madison | WI | 53714 | Fingerkiken, Martin | Fingerkiken, Wendy | 3/2/2023 | WPCP | Middleton-Cross Plains School District | N |

| Married? | Family Size | Total Income | Maximum Income | Income Method | Income Review Type | Parent 1 Income | Parent 2 Income | Parent 1 Gov Assistance | Parent 2 Gov Assistance | Clothing | Food | Shelter | Other/Cash Description | 3rd Fri Sept Grade | 3rd Fri Sept Headcount | 3rd Fri Sept FTE | Family Type |
|----------|-------------|--------------|----------------|---------------|--------------------|-----------------|-----------------|-------------------------|-------------------------|----------|------|---------|------------------------|--------------------|------------------------|------------------|-------------|
| Yes | 4 | 50,000 | 56,650 | DPI | Income | wages, 1099 | wages | | | | | | | K4 | 1 | 0.5 | New |

MPCP Application

| School Name | New or Continuing | Random Order | Application ID | Family ID | First Name | Last Name | Date of Birth | Address | City | State | Zip | Parent | Parent #2 | Date App Received | Choice Program |
|--------------------------|-------------------|--------------|----------------|-----------|------------|-----------|---------------|----------------------|-----------|-------|-------|--------------|-----------|-------------------|----------------|
| Young Pupils of the Arts | Continuing | | 999580 | 169875 | Amad | Young | 8/4/2005 | 8229 W. Grantosa Dr. | Milwaukee | WI | 53218 | Young, Kenya | | 8/10/2023 | MPCP |

| Married? | Family Size | Total Income | Maximum Income | Income Method | Income Review Type | Parent 1 Income | Parent 2 Income | Parent 1 Gov Assistance | Parent 2 Gov Assistance | Clothing | Food | Shelter | Other/Cash Description | 3rd Fri Sept Grade | 3rd Fri Sept Headcount | 3rd Fri Sept FTE | Family Type |
|----------|-------------|--------------|----------------|---------------|--------------------|-----------------|-----------------|-------------------------|-------------------------|----------|------|---------|------------------------|--------------------|------------------------|------------------|-------------|
| | | | | | | | | | | | | | | 10 | 1 | 1 | New |



CALL for Action (414) 286-CITY | Click for Action

Directory Residents Business Visitors

My Milwaukee Home

My Property Information

My Property: 8229 W GRANTOSA DR 53218
 Tax Key: 2130752000
 Property Owner of Assessment Record: EXTRAINVEST LLC , ,
 Current Assessment: \$79,500.00 [View City Assessor's details](#)
 Year Built: 1956

NOTE: Assessments change annually in April. Please see [City Assessor's details](#) for specific date.

Special Assessments: [see details](#)
 Property Registration, Code Violations, Service Requests and Permits: [see details](#)
 POLLING LOCATION: [see details](#)

To access tax record information online see the [City Treasurer's Office](#)

Census 2010 tract: 1700 Census 2000 tract: 1700
 Census 2010 Block: 3007 Census 2000 Block: 3006
 Neighborhood Name: LONG VIEW

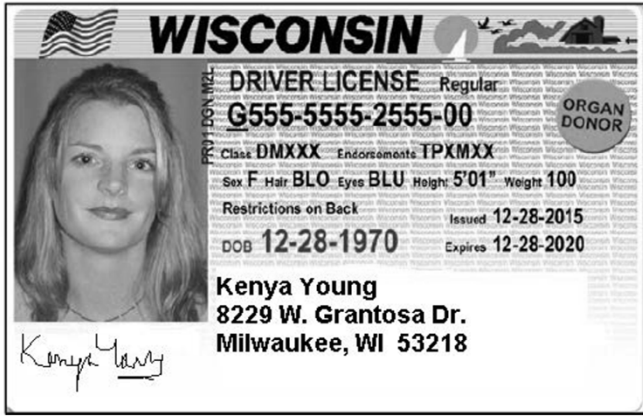
- Mayor Tom Barrett
- Common Council
- Departments
- Calendar
- Residents
- Business
- Visitors
- Web & Email Policies
- Web Contact Us

Design by City of Milwaukee

| School Name | New or Continuing | Random Order | Application ID | Family ID | First Name | Last Name | Date of Birth | Address | City | State | Zip | Parent | Parent #2 | Date App Received | Choice Program |
|--------------------------|-------------------|--------------|----------------|-----------|------------|-----------|---------------|----------------------|-----------|-------|-------|--------------|-----------|-------------------|----------------|
| Young Pupils of the Arts | Continuing | | 999580 | 169875 | Amad | Young | 8/4/2005 | 8229 W. Grantosa Dr. | Milwaukee | WI | 53218 | Young, Kenya | | 8/10/2023 | MPCP |

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|----------|-------------|--------------|----------------|---------------|--------------------|-----------------|-----------------|-------------------------|-------------------------|----------|------|---------|------------------------|--------------------|------------------------|------------------|-------------|
| | | | | | | | | | | | | | | 10 | 1 | 1 | New |

| Address | City | State | Zip | Parent | Parent #2 | Date App Received |
|----------------------|-----------|-------|-------|--------------|-----------|-------------------|
| 8229 W. Grantosa Dr. | Milwaukee | WI | 53218 | Young, Kenya | | 8/10/2023 |



| I. GENERAL INFORMATION | |
|--|---|
| Include all students applying to the program on the application below. Note: A separate application and residency form must be completed for students that reside at different addresses or have different parents or legal guardians. | |
| Student Applicant Name(s) First, MI, Last | Student Applicant Name(s) First, MI, Last |
| 1 Amad Young | 5 _____ |
| 2 _____ | 6 _____ |
| 3 _____ | 7 _____ |
| 4 _____ | 8 _____ |
| II. EXPLANATION OF LIVING SITUATION | |
| In order to use the Alternative Residency form, one of the following situations must apply. If neither of the situations below apply, this form may not be used. Select which reason is applicable: | |
| <input checked="" type="checkbox"/> The parent/legal guardian does not have one of the allowed residency documents showing that they live at the address on the application. | |
| <input type="checkbox"/> The pupil does not live with his or her parent or legal guardian. | |
| III. REQUIRED ATTACHMENTS | |
| A household occupant that lives with the pupil must provide one of the following that includes the address on the Choice Program application (this person must also complete section V). Unless otherwise noted, the document must be dated between three (3) months prior to the start of the open application period in which the parent or legal guardian submits the online application to the school and the end of that open application period. Check which document is being provided. | |
| <input type="checkbox"/> Wage statement (i.e. pay check stub) or Form W2 Wage and Tax Statement. | |
| <input checked="" type="checkbox"/> Water, sewer, gas, electric, cable, satellite, or landline phone bill. | |
| <input type="checkbox"/> Letter from the water, sewer, gas, electric, cable, satellite, or landline phone utility, regarding these utility services at the address on the application. This letter must have been sent to the address on the application. | |
| <input type="checkbox"/> Lease agreement with a term that includes the date the parent or legal guardian applies to the school (must be complete and legible). Month-to-month leases with a start date between three (3) months prior to the start of the open application period in which the parent or legal guardian submits the online application to the school and the end of that open application period. | |
| <input type="checkbox"/> Governmental correspondence. | |
| —AND— | |
| The parent or legal guardian on the application must provide one of the following documents. Check which document is being provided. | |
| <input checked="" type="checkbox"/> A driver's license, state ID, school ID, passport, or a government-issued photo ID. Expired IDs may be used for this support. | |
| <input type="checkbox"/> One of the allowed residency documents (listed above) with an address other than an address on the application. | |
| IV. PARENT OR LEGAL GUARDIAN SIGNATURE | |
| I HEREBY CERTIFY, as the parent or legal guardian, that the explanation of the living situation is accurate. I further certify that the student(s) applying to the Choice Program currently reside(s) with the household occupant signing this form. | |
| Printed Name of Parent or Legal Guardian Signing Below | |
| Kenya Young | |
| Signature of Parent or Legal Guardian | Date Signed Mo./Day/Yr. |
| ➤ | |
| V. HOUSEHOLD OCCUPANT SIGNATURE | |
| The following must be completed by the household occupant who provided one of the allowed residency documents in Section III. | |
| I HEREBY CERTIFY that the above-named student(s) applying for the Choice Program reside(s) with me. I further CERTIFY that the explanation provided of the living situation is accurate. | |
| Printed Name of the Household Occupant Signing Below | |
| George Garrison | |
| Signature of Household Occupant | Date Signed Mo./Day/Yr. |
| ➤ | |

Page 1 of 4
 Account Number 9876543210-000
 Bill Date: 8/02/2023
 Invoice Number: 5551234567-000

| Previous Balance | Payments Received thru 8/02/2023 | Credits and Adjustments to Prev Balance | Past Due Balance | Current Charges Due 8/29/2023 | TOTAL AMOUNT DUE |
|------------------|----------------------------------|---|------------------|-------------------------------|------------------|
| 116.34 | 58.17CR | 0.00 | 58.17 | 62.24 | 120.41 |

ACCOUNT SUMMARY

| | | |
|---|----------|---------------|
| Previous Balance | 116.34 | |
| Payments Received thru 8/02/2023 Thank You! | 58.17 CR | |
| Credits and Adjustments to Prev Balance | 0.00 | |
| Past Due Balance | | 58.17 |
| Monthly Service Charges | 49.99 | |
| Local Usage | 0.00 | |
| Roaming Charges | 0.00 | |
| easyedge™ Data Services Charges | 0.00 | |
| Other Charges & Credits | 5.36 | |
| Taxes | 6.89 | |
| Total Current Charges Due by 8/29/2023 | | 62.24 |
| TOTAL AMOUNT DUE | | 120.41 |

Thank you for choosing our wireless service. We appreciate your business.
 For billing inquires, call 888-944-9400 or call 611 from your U.S. Cellular® phone, always a free call.

Please detach and mail bottom portion with your payment to ensure proper handling.



Account Num: 9876543210-000

| Due by 8/29/2023 | Amount Enclosed |
|------------------|-----------------|
| \$120.41 | |

Check box to indicate address change and/or

U.S. Cellular
 Dept. 0205
 Platine, IL 60055-0205

George Garrison
 8229 Grantosa Dr.
 Milwaukee, WI 53218



ACCOUNT NUMBER 900000015
DATE DUE 3/30/2023
AMOUNT DUE \$76.10
 Pay online today at directv.com/myaccount

Summary

Statement Date: 3/16/2023
 Page 1 of 1 for:

GEORGE GARRISON
 For service at:
 8229 Grantosa Ave.
 Milwaukee, WI 53228

| | |
|------------------------|----------------|
| Previous Balance | 72.53 |
| Payments | -72.53 |
| Current Charges & Fees | 77.99 |
| Adjustments & Credits | -6.00 |
| Taxes | 4.11 |
| Amount Due | \$76.10 |

Activity

| Start | End | Description | Amount |
|---|-------|----------------------------------|----------------|
| | | Previous Balance | 72.53 |
| 02/07 | | Payment - Thank You - MasterCard | -72.53 |
| Current Charges for Service Period 02/17/23-03/16/23 | | | |
| 02/17 | 03/16 | CHOICE XTRA CLASSIC Monthly | 71.99 |
| Fees | | | |
| 02/18 | | Primary TV | 6.00 |
| Adjustments & Credits | | | |
| 02/18 | | Primary TV Free | -6.00 Credit |
| Sales Tax | | | 0.42 |
| New Mexico | | | |
| AMOUNT DUE | | | \$76.10 |

| Address | City | State | Zip | Parent | Parent #2 | Date App Received |
|----------------------|-----------|-------|-------|--------------|-----------|-------------------|
| 8229 W. Grantosa Dr. | Milwaukee | WI | 53218 | Young, Kenya | | 8/10/2023 |

02

MPCP Application

| Code | Description | Considered Income? |
|------------|---|--------------------|
| Joint 1040 | The parents on the application filed a joint 1040. | Y |
| Indiv 1040 | The parents on the application filed a 1099 | Y |
| 1099 | Income reported on a 1099 tax form | Y |
| cash | Cash income not reported on a W2 Wage & Tax Statement or a 1099 tax | Y |
| earnings | Job related compensation reported on other | Y |
| other | Other Income | Y |
| ss | Social Security benefits | Y |
| wages | Job related compensation reported on a W2 Wage & Tax Statement | Y |

| School Name | New or Continuing | Random Order | Application ID | Family ID | First Name | Last Name | Date of Birth | Address | City | State | Zip | Parent | Parent #2 | Date App Received | Choice Program |
|-------------|-------------------|--------------|----------------|-----------|------------|-----------|---------------|--------------|-----------|-------|-------|-------------------|-----------------|-------------------|----------------|
| ABC School | New | | 123456 | 154786 | Reagan | Hernandez | 9/5/2007 | 1123 Main St | Milwaukee | WI | 53214 | Hernandez, Meghan | Hernandez, Jose | 5/1/2023 | MPCP |

| Married? | Family Size | Total Income | Maximum Income | Income Method | Income Review Type | Parent 1 Income | Parent 2 Income | Parent 1 Gov Assistance | Parent 2 Gov Assistance | Clothing | Food | Shelter | Other/Cash Description | 3rd Fri Sept Grade | 3rd Fri Sept Headcount | 3rd Fri Sept FTE | Family Type |
|----------|-------------|--------------|----------------|---------------|--------------------|-----------------|-----------------|-------------------------|-------------------------|----------|------|---------|------------------------|--------------------|------------------------|------------------|-------------|
| Yes | 6 | 15,000 | 103,770 | DPI | Income | Joint 1040 | Joint 1040 | | | | | | | 11 | 1 | 1 | New |

| Parent | Parent #2 | Married? | Family Size | Total Income | Maximum Income | Income Method | Income Review Type |
|-------------------|-----------------|----------|-------------|--------------|----------------|---------------|--------------------|
| Hernandez, Meghan | Hernandez, Jose | Yes | 6 | 15,000 | 103,770 | DPI | Income |

| Parent 1 Income | Parent 2 Income | Parent 1 Gov Assistance | Parent 2 Gov Assistance | Clothing | Food | Shelter | Other/Cash Description |
|-----------------|-----------------|-------------------------|-------------------------|----------|------|---------|------------------------|
| Joint 1040 | Joint 1040 | | | | | | |

1

2022
 For the year Jan. 1-Dec. 31, 2022, or other tax year beginning _____, 2022 ending _____, 20____.

Check here if an amended return beginning _____, 2022 ending _____, 20____.

| | | | |
|---|--|------|---|
| Your legal last name HERNANDEZ | Legal first name MEGAN | M.I. | Your social security number 555 12 1234 |
| If a joint return, spouse's legal last name HERNANDEZ GOMEZ | Spouse's legal first name JOSE | M.I. | Spouse's social security number 123 12 1234 |

Home address (number and street). If you have a PO Box, see page 12. Apt. no. _____
1123 MAIN ST

City or post office: **WEST ALLIS** State: **WI** Zip code: **12345**

Tax district: _____
 Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2022.
 City Village Town
 City, village, or town: **WEST ALLIS**
 County of: **MILWAUKEE**
 School district number See page 44: **63**

Filing status Check below

Single

Married filing joint return

Married filing separate return. Fill in spouse's SSN above and full name here _____

Head of household, NOT married (see page 13).

Head of household, married (see page 13). If married, fill in spouse's SSN above and full name here _____

Special conditions _____
 Form 804 filed with return (see page 10)

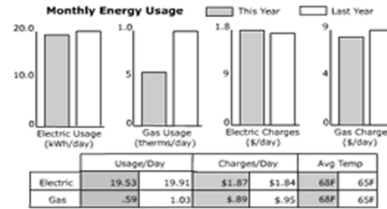
Use BLACK Ink • Print numbers like this → 0 1 2 3 4 5 6 7 8 9 Not like this → 0147 • NO COMMAS: NO CENTS

| | | |
|--|-----|----------|
| 1 Federal adjusted gross income from Form 1040, line 11 | 1 | 15000.00 |
| 2 Adjustments to federal adjusted gross income from Schedule I, line 3 (see page 13) | 2 | .00 |
| 3 Add lines 1 and 2. This is your federal adjusted gross income for Wisconsin purposes | 3 | 15000.00 |
| Form W-2 wages included in line 3 | ▶ | 15000.00 |
| 4 Total additions to income from Schedule AD, line 33. Include Schedule AD (see page 14) | 4 | .00 |
| 5 Add lines 3 and 4 | 5 | 15000.00 |
| 6 Total subtractions from income from Schedule SB, line 50. Include Schedule SB (see page 14). Enter as a positive number | 6 | .00 |
| 7 Subtract line 6 from line 5. This is your Wisconsin income. | 7 | .00 |
| 8 Standard deduction. See table on page 35, OR <input type="checkbox"/> If someone else can claim you (or your spouse) as a dependent, see page 15 and check here <input type="checkbox"/> | 8 | 20110.00 |
| 9 Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0 | 9 | .00 |
| 10 Exemptions (Caution: See page 15) | | |
| a Fill in exemptions allowed _____ x \$700 .. 10a | 3 | 2100.00 |
| b Check if 85 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 .. 10b | | .00 |
| c Add lines 10a and 10b | 10c | 2100.00 |



Jose Hernandez Gomez
123 Main St
West Allis, WI 53214

| Account Number | Date Due | Amount Due |
|----------------|----------|------------|
| 6429-828-764 | 5/1/2023 | \$143.28 |



Billing Summary

| | |
|---------------------------------------|-------------|
| Previous Balance 3/01/2023..... | \$135.00 |
| Payment Received As Of 3/25/2023..... | \$135.00 CR |
| Balance as Of 4/1/2023..... | \$0.00 |
| Current Energy Charges 4/1/2023..... | \$143.28 |

Electric Service for 2/25/2023 to 3/25/2023

Electricity Used

| | |
|-------------------------------------|----------|
| Meter Number..... | 9.88E+08 |
| Estimated Reading on 3/25/2023..... | 52247 |
| Actual Reading on 2/25/2023..... | 51542 |

Total Electricity Used 705 kWh

Next Scheduled Meter Reading Date..... 5/30/2023

| School Name | New or Continuing | Random Order | Application ID | Family ID | First Name | Last Name | Date of Birth | Address | City | State | Zip | Parent | Parent #2 | Date App Received | Choice Program |
|-------------|-------------------|--------------|----------------|-----------|------------|-----------|---------------|--------------|-----------|-------|-------|-------------------|-----------------|-------------------|----------------|
| ABC School | New | | 123456 | 154786 | Reagan | Hernandez | 9/5/2007 | 1123 Main St | Milwaukee | WI | 53214 | Hernandez, Meghan | Hernandez, Jose | 5/1/2023 | MPCP |

| Married? | Family Size | Total Income | Maximum Income | Income Method | Income Review Type | Parent 1 Income | Parent 2 Income | Parent 1 Gov Assistance | Parent 2 Gov Assistance | Clothing | Food | Shelter | Other/Cash Description | 3rd Fri Sept Grade | 3rd Fri Sept Headcount | 3rd Fri Sept FTE | Family Type |
|----------|-------------|--------------|----------------|---------------|--------------------|-----------------|-----------------|-------------------------|-------------------------|----------|------|---------|------------------------|--------------------|------------------------|------------------|-------------|
| Yes | 6 | 15,000 | 103,770 | DPI | Income | Joint 1040 | Joint 1040 | | | | | | | 11 | 1 | 1 | New |

Questions?

Auditors for the Choice Program

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Accept emails up to 15 mb.