Application Review Activity

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?

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

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	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	Y
other	Other Income	Y
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	8/4/2013	45 N. Mount Pleasant	Racine	WI	53404	Ling, Tan		9/13/2022	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

Mailing Date: 12/12/2021

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

State of Wisconsin

Case #: 012 3445

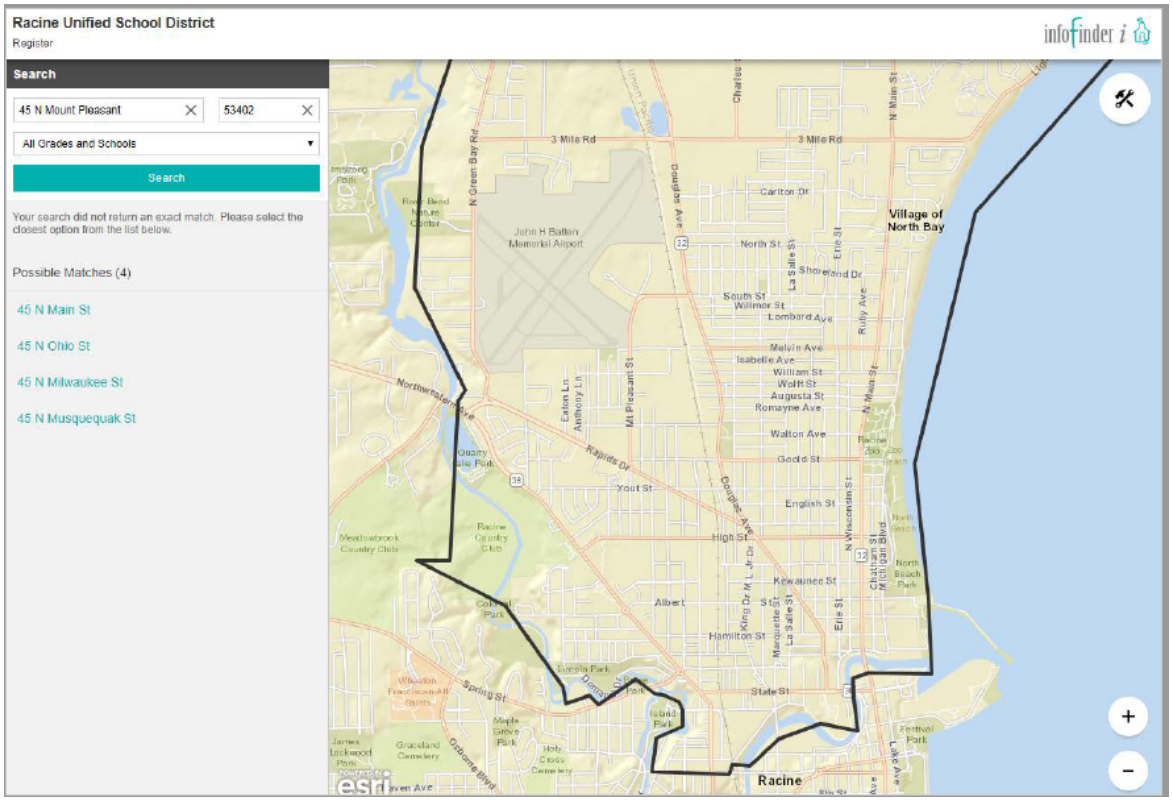
Milwaukee Enrollment Services
Worker: Choice
Phone #: 1-555-123-1234
Fax #: (555) 123-2345
Use fax # to send verifications.

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)
1/22	$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.



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	8/4/2013	45 N. Mount Pleasant	Racine	WI	53404	Ling, Tan		9/13/2022	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

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	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	Y
other	Other Income	Y
ss	Social Security benefits	Y
wages	Job related compensation reported on a W2 Wage & Tax Statement	Y

WPCP 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	District Name	Address Change
Flowers of the Sun	New		987654	123456	Arnold	Fingerkiken	4/28/2017	348 W North Ave	Madison	WI	53714	Fingerkiken, Martin	Fingerkiken, Wendy	3/2/2022	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
Suff.
348 W. North Avenue
Madison, WI 53713

11 Nonqualified plans

12a See instructions for box 12

13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐

12b

14 Other

12c

12d

f Employee's address and ZIP code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
WI	1431	$3,000.00	$103			

Form **W-2** Wage and Tax Statement 2021

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 IRS e-file

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
Suff.
248 W. North Avenue
Madison, WI 53713

11 Nonqualified plans

12a See instructions for box 12

13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐

12b

14 Other

12c

12d

f Employee's address and ZIP code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
WI	1238	$55,000.00	$218			

Form **W-2** Wage and Tax Statement 2021

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 IRS e-file

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	4/28/2017	348 W North Ave	Madison	WI	53714	Fingerkiken, Martin	Fingerkiken, Wendy	3/2/2022	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.	1 Rents $	OMB No. 1545-0115 2021 Form 1099-MISC	Miscellaneous Income
The Best Place in the World to Work 723 Ice Cream Cone Lane Madison, WI 53715	2 Royalties $		
	3 Other income $ 2,000	4 Federal income tax withheld $	Copy B For Recipient
PAYER'S TIN 12-12312312 / 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 $	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.
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
	11	12	
Account number (see instructions) / FATCA filing requirement ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $ / 15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	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
Flowers of the Sun	New		987654	123456	Arnold	Fingerkiken	4/28/2017	348 W North Ave	Madison	WI	53714	Fingerkiken, Martin	Fingerkiken, Wendy	3/2/2022	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

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

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 Last name Suff. Wendy Fingerliken 348 W. North Avenue Madison, WI 53713		11 Nonqualified plans	12a See instructions for box 12
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b
		14 Other	12c
			12d
f Employee's address and ZIP code			

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
WI 1431	$3,000.00	$103			

Form **W-2** Wage and Tax Statement 2021

Copy C—For EMPLOYEE'S RECORDS
(See *Notice to Employee* on the back of Copy B.)

Department of the Treasury—Internal Revenue Service
Safe, accurate, FAST! Use IRS e-file

WISCONSIN STATEWIDE PARCEL MAP Download Parcel Data

Parcel ID: 0123459876

Parcel ID	0123459876
Tax Parcel ID	
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	4/28/2017	348 W North Ave	Madison	WI	53714	Fingerkiken, Martin	Fingerkiken, Wendy	3/2/2022	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	8/4/2004	8229 W. Grantosa Dr.	Milwaukee	WI	53218	Young, Kenya		8/10/2022	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
- Web & Email Policies
- Web Contact Us
- Departments
- Calendar
- Residents
- Business
- Visitors

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	8/4/2004	8229 W. Grantosa Dr.	Milwaukee	WI	53218	Young, Kenya		8/10/2022	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

Address	City	State	Zip	Parent	Parent #2	Date App Received
8229 W. Grantosa Dr.	Milwaukee	WI	53218	Young, Kenya		8/10/2022

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:

- ☒ The parent/legal guardian does not have one of the allowed residency documents showing that they live at the address on the application.
- ☐ 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.*

- ☐ Wage statement (i.e. pay check stub) or Form W2 Wage and Tax Statement.
- ☒ Water, sewer, gas, electric, cable, satellite, or landline phone bill.
- ☐ 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.
- ☐ 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.
- ☐ Governmental correspondence.

—AND—

The parent or legal guardian on the application must provide one of the following documents. *Check which document is being provided.*

- ☒ A driver's license, state ID, school ID, passport, or a government-issued photo ID. *Expired IDs may be used for this support.*
- ☐ 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 **HERBY 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: 8/02/2022
Invoice Number: 5551234567-000

Previous Balance	Payments Received thru 8/02/2022	Credits and Adjustments to Prev Balance	Past Due Balance	Current Charges Due 8/29/2022	TOTAL AMOUNT DUE
116.34	58.17CR	0.00	58.17	62.24	120.41

ACCOUNT SUMMARY

Previous Balance	116.34	
Payments Received thru 8/02/2022 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 Changes	0.00	
Other Charges & Credits	5.36	
Taxes	6.89	
Total Current Charges Due by 8/29/2022		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.

U.S. Cellular

Account Numt 9876543210-000

Due by 8/29/2022	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

DIRECTV

ACCOUNT NUMBER	DATE DUE	AMOUNT DUE
900000015	3/30/2022	$76.10

Pay online today at directv.com/myaccount

Summary

Statement Date: 3/16/2022
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 02/17/22-03/16/22	
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		8/10/2022

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	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	Y
other	Other Income	Y
ss	Social Security benefits	Y
wages	Job related compensation reported on a W2 Wage & Tax Statement	Y

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
ABC School	New		123456	154786	Reagan	Hernandez	9/5/2006	1123 Main St	Milwaukee	WI	53214	Hernandez, Meghan	Hernandez, Jose	5/1/2022	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 Wisconsin income tax — **2021**

For the year Jan. 1-Dec. 31, 2021, or other tax year beginning _____, 2021 ending _____, 20___.

Check here if an amended return ▶ ☐

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

Home address (number and street). If you have a PO Box, see page 11.: 1123 MAIN ST — Apt. no.:

City or post office: West Allis — State: WI — Zip code: 12345

Filing status Check ✓ below

- ☐ Single
- ☑ Married filing joint return
- ☐ Married filing separate return. Fill in spouse's SSN above and full name here ▶ — Legal last name: ____ Legal first name: ____ M.I.: ____
- ☐ Head of household, NOT married (see page 12).
- ☐ Head of household, married (see page 12). — If married, fill in spouse's SSN above and full name here

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 2021.

☑ City ☐ Village ☐ Town

City, village, or town ▶ West Allis

County of ▶ Milwaukee

School district number See page 43: 63

Special conditions ☐ ____

☐ Form 804 filed with return (see page 9)

Use BLACK Ink ● Print numbers like this → 0 1 2 3 4 5 6 7 8 9 Not like this → Ø 1 4 7 ● NO COMMAS; NO CENTS

1 Federal adjusted gross income (see page 12)	1	15000.00
Form W-2 wages included in line 1 ▶ 15000.00		
2 Total additions to income from Schedule AD, line 33. Enclose Schedule AD (see page 13)	2	.00
3 Add lines 1 and 2	3	15000.00
4 Total subtractions from income from Schedule SB, line 51. Enclose Schedule SB (see page 13) Enter as a positive number	4	.00
5 Subtract line 4 from line 3. This is your Wisconsin income	5	15000.00
6 Standard deduction. See table on page 34, **OR** ▼ If someone else can claim you (or your spouse) as a dependent, see page 14 and check here ▶ ☐	6	20110.00
7 Subtract line 6 from line 5. If line 6 is larger than line 5, fill in 0	7	0.00
8 Exemptions **(Caution: See page 14)**		
a Fill in exemptions allowed 3 x $700	8a	2100.00
b Check if 65 or older ☐ You + ☐ Spouse = ____ x $250	8b	.00
c Add lines 8a and 8b	8c	2100.00
9 Subtract line 8c from line 7. If line 8c is larger than line 7, fill in 0. This is taxable income	9	0.00
10 Tax (see table on page 36)	10	0.00

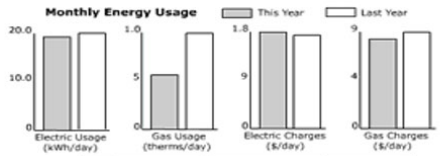
DO NOT STAPLE — See page 5 before assembling return — PAPER CLIP payment here

Jose Hernandez Gomez
123 Main St
West Allis, WI 53214

Account Number	Date Due	Amount Due
6429-828-764	5/1/2021	$143.28

Billing Summary

Previous Balance 3/01/2021	$135.00	
Payment Received As Of 3/25/2021	$135.00	CR
Balance as Of 4/1/2021	$0.00	
Current Energy Charges 4/1/2021	$143.28	



	Usage/Day		Charges/Day		Avg Temp	
Electric	19.53	19.91	$1.87	$1.84	68F	65F
Gas	.59	1.03	$.89	$.95	68F	65F

Electric Service for 2/25/2021 to 3/25/2021

Electricity Used

Meter Number	987654321
Estimated Reading on 3/25/2021	52247
Actual Reading on 2/25/2021	51542
Total Electricity Used 705 kWh	
Next Scheduled Meter Reading Date	5/30/2021

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	9/5/2006	1123 Main St	Milwaukee	WI	53214	Hernandez, Meghan	Hernandez, Jose	5/1/2022	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

Andrea Kratz
Andrea.kratz@dpi.wi.gov
608-267-1291

Rob Monroe
Robert.Monroe@dpi.wi.gov
608-266-2658

Doug Kohanski
Douglas.Kohanski@dpi.wi.gov
608-224-6169

Elizabeth Whynot
elizabeth.whynot@dpi.wi.gov
608-264-9553

Choice Questions:
dpichoiceauditreports@dpi.wi.gov

SNSP Questions:
snsp@dpi.wi.gov

Accept emails up to 15 mb.