

## FY2021 Applicant #16 (New)

FY 2021	Applicant	Meeting	
Summer Camp/AfterSchool	16	8/30/21	New
Wages	\$21,878.00		
Refund	\$6,800.00		
Social Security Benefit	\$9,828.00		
Child Support	\$0.00		
LeeCares Benefit	N/A		
<b>Total:</b>	<b>\$38,506.00</b>		

### FINANCIAL ASSISTANCE CALCULATOR

PROGRAMS	FEES	# SESSIONS	# CHILD(REN)	TOTAL FEES
AFS FALL/WTR/SPR	340.00	3	1	1,020.00
Middle School AFS FALL/WTR/SPR	340.00			
FUNDAYS	30.50	10		305.00
WINTER REC	135.00	2		270.00
SPRING REC	135.00	1		135.00
SUMMER REC 2022	135.00	8		1,080.00
Youth Basketball	46.75	1		46.75
C.I.T.	25.50			-
<b>TOTAL</b>				<b>2,856.75</b>
* FINANCIAL ASST %		85%		2,428.24
(* COVID-19 sliding fee scale)				
DUE FROM FAMILY				428.51



**CITY OF SANIBEL  
RECREATION FINANCIAL ASSISTANCE APPLICATION**

The City of Sanibel has financial assistance available for Recreation Programs. The amount of the financial assistance will be determined using a sliding fee scale and is based on annual income and other financial support received. To assist in our review, please provide the following:

1. Copy of most recent pay stub, W-2, and tax return with social security numbers removed
2. Copy of bank statements for 90 days prior to the date of application, if self employed
3. Proof of filing for child support, if applicable
4. A Valid Florida Driver's License, ID card or Voter's Registration Card showing local address
5. All information must be provided within 60 days of application or the request for assistance will be denied

\*The Financial Assistance Committee may require additional information in order to process application.

**\*APPLICATION AND ALL REQUIRED PAPERWORK MUST BE SUBMITTED WITHIN 60 DAYS TO PRESENT TO THE FINANCIAL ASSISTANCE COMMITTEE.**

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: Sanibel State: FL Zip: 33957  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List the names of all persons, 18 years & over, living in the household (income tax returns required for each):

- 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Are you a client of F.I.S.H.?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Services received: <u>pantry, past camp</u>
Do you reside in CHR?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Scholarship</u>
Do you currently own or rent your residence?	<input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent	
Do you receive TANF Benefits?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly benefit amount: \$ _____
Do you receive SNAP Benefits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Monthly benefit amount: \$ _____
Is there a court order for child support?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Court ordered amount: \$ _____
Case # _____ State: _____ County: _____ Date ordered: _____		
Do you receive child support?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly support amount: \$ _____
Is there a court order for shared child care expenses?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Court ordered amount/percent: \$ _____
Do you receive the court ordered amount/percentage for shared child care expenses?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>DO YOU RECEIVE:</b>		
Social Security Benefits	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount: \$ <u>819.00</u>
Pension	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly amount: \$ _____
Spousal Support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly amount: \$ _____
Foster Care payments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly amount: \$ _____
Workers' Compensation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly amount: \$ _____
Unemployment Compensation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly amount: \$ _____
Assistance with housing payments, groceries, utilities, automobile/gas, room/board, etc.?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly amount: \$ _____
Any other financial assistance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Monthly amount: \$ _____
From whom? _____		
	<b>SUBTOTAL:</b>	\$ <u>21,878</u> <sup>+12</sup> <sub>98</sub>
Federal Income Tax Return Total Income:		\$ <u>21,878</u>
Federal Income Tax Return Refund Amount:		\$ <u>6,800</u>
<b>Total Household Annual Income:</b>		\$ <u>29,497</u>

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Check Program(s) for which Financial Assistance is Requested:

- After School/Middle School Program: # Children 1 Amount \$ 1020-
- Winter Camp: # of weeks 2 # Children 1 Amount \$ 270-
- Spring Break Camp: # Children 1 Amount \$ 135-
- Fun Days Program: # of days 10 # Children 1 Amount \$ 305-
- Summer Program: # of weeks 8 # Children 1 Amount \$ 1080-
- Babysitter Training Camp: # Children \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Basketball League: # Children 1 Amount \$ 46.75
- Volleyball Camp: # Children \_\_\_\_\_ Amount \$ \_\_\_\_\_

PROGRAM TOTAL \$ 2,856.75

Other than the information provided on page 1 of this application, list any special circumstances to be considered. Attach additional page if more space is needed.

Single mother working two jobs. Father is deceased

NOTE: I swear and affirm under penalties of perjury that the foregoing representations are true and correct to the best of my knowledge. I will report any change in my financial circumstance within 10 days, in writing with documentation, to the Recreation Staff Financial Assistance Representative. False reporting or lack of reporting may result in discontinuation of assistance. Continued eligibility is conditioned upon program payments being current.

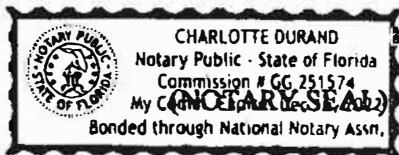
Signature of Parent/Guardian: \_\_\_\_\_

Date: 8/23/21

STATE OF FLORIDA  
COUNTY OF LEE

The foregoing instrument was acknowledged before me this 23<sup>rd</sup> day of August, 2021, by

(name of person acknowledging).



[Signature]  
Signature of \_\_\_\_\_  
Charlotte Durand  
Typed/Printed Name of Notary Public

Personally Known \_\_\_\_\_ Produced Identification de Type: \_\_\_\_\_

(You may have this application notarized at the Recreation Center, City Hall, Bank of the Islands and Sanibel/Captiva Community Bank at no charge)

This application will be reviewed by the Recreation Financial Assistance Committee in a public meeting which is held at MacKenzie Hall. The Committee will review this application and determine if assistance can be granted. The Recreation Department will contact you and let you know of the Committee's decision.

**FY2021 Applicant #16 (New)**

**STAFF USE ONLY**

Date completed application received: 8/11/2021

Staff Signature: J. Phillips

Applicant Status:  New  Repeat

All Social Security numbers/names/phone numbers/addresses are blacked out:  Yes  No

Assistance amount has been determined and written on application:  Yes  No

Applicant is aware that they may participate in activity they applied for:  Yes  No

Applicant is aware that a sliding scale based on income is used to determine assistance:  Yes  No

Applicant is aware that the fees for programs are due when the program begins, or at the time the Committee has made a decision on the Financial Assistance application: Staff Initials: TP

Date applicant was contacted about committee decision: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Is F.I.S.H. providing assistance:  Yes  No (If yes) Amount: \$ \_\_\_\_\_

Does the applicant have an outstanding balance?  Yes  No (If yes) Amount: \$ \_\_\_\_\_

Staff must record status here, any outstanding balance, and time and date of calls made to patrons:  
\_\_\_\_\_

Staff must keep track of approved applicant attendance in programs. Staff Initials: \_\_\_\_\_  
(NOTE: Responsibility of Financial Assistance Representative).

Date data entered into RecTrac: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**STAFF NOTES:**

\_\_\_\_\_

Application Approved  Application Denied

Committee Approved  Yes  No Date: \_\_\_\_\_

Assistance amount for After School/Middle School Program: \$ \_\_\_\_\_

Assistance amount for Holiday Camp Programs: \$ \_\_\_\_\_

Assistance amount for Fun Days Program: \$ \_\_\_\_\_

Assistance amount for Summer Program: \$ \_\_\_\_\_

Assistance amount for Babysitter Training Camp, Basketball, Volleyball Camp: \$ \_\_\_\_\_

**Total Assistance Granted:** \$ \_\_\_\_\_

# FY2021 Applicant #16 (New)

SEQ 000787  
**Company Code**    **Loc/Dept**    **Number**    **Page**  
 RU / AQF 22570813    01/100    :    1 of 1

## Earnings Statement



Period Starting: 07/12/2021  
 Period Ending: 07/25/2021  
 Pay Date: 07/30/2021

Taxable Marital Status: Single  
 Exemptions/Allowances: Tax Override:  
     Federal: 1                      Federal:  
     State: 0                         State:  
     Local: 0                         Local:  
 Social Security Number: XXX-XX-XXXX

**Sanibel, FL 33957**

Earnings	rate	hours/units	this period	year to date
Tipped hours	5.6300	11.00	61.93	4574.66
Tipped overtime hours			0.00	27.67
Cash tips		0.00	808.21	30599.65
<b>Gross Pay</b>			<b>\$870.14</b>	<b>\$35,201.98</b>

Other Benefits and Information	this period	year to date
Tip Credit	33.22	2472.68
Total Hours Worked	11.00	816.53

Statutory Deductions	this period	year to date
Federal Income	-4.18	1875.20
Social Security	-53.95	2182.52
Medicare	-3.80	501.61
<b>Net Pay</b>	<b>\$0.00</b>	

**Important Notes**

Basis of pay: Hourly

Your federal taxable wages this period are \$870.14

**FY2021 Applicant #16 (New)**

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2020**  
OMB No. 1545-0048

Copy C for employer's records  
d Control number Dept. Corp. Employer use only  
000105 RU/AQF 19

c Employer's name, address, and ZIP code  
  
**SANIBEL, FL 33957**  
  
Batch #90171

e/f Employee's name, address, and ZIP code

**SANIBEL, FL 33957**

1 Wages, tips, other comp. 16913.06	2 Federal income tax withheld 885.47
3 Social security wages 2327.46	4 Social security tax withheld 1048.61
5 Medicare wages and tips 16913.06	6 Medicare tax withheld 245.24
7 Social security tips 14585.60	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

**1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.**

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	16,913.06	16,913.06	16,913.06
Less Soc.Sec.Tips Reported in Box 7	N/A	14,585.60	N/A
Reported W-2 Wages	16,913.06	2,327.46	16,913.06

**2. Employee Name and Address.**

© 2020 ADP, Inc.

Fold and Detach Here

1 Wages, tips, other comp. 16913.06	2 Federal income tax withheld 885.47
3 Social security wages 2327.46	4 Social security tax withheld 1048.61
5 Medicare wages and tips 16913.06	6 Medicare tax withheld 245.24
d Control number Dept. Corp. Employer use only 000105 RU/AQF 19	

c Employer's name, address, and ZIP code  
  
**SANIBEL, FL 33957**

b Employer's FED ID number 27-3162539	a Employee's SSA number XXX-XX-0975
7 Social security tips 14585.60	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d
	13 Stat emp./Ret. plan/3rd party sick pay

e/f Employee's name, address and ZIP code  
  
**SANIBEL, FL 33957**

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**SANIBEL, FL 33957**

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**SANIBEL, FL 33957**

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**SANIBEL, FL 33957**

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	13 Stat emp./Ret. plan/3rd party sick pay

e/f Employee's name, address and ZIP code  
  
**SANIBEL, FL 33957**

15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2020**  
OMB No. 1545-0048  
Copy B to be filed with employer's Federal Income Tax Return

**State Reference Copy**  
**W-2 Wage and Tax Statement 2020**  
OMB No. 1545-0048  
Copy 2 to be filed with employer's State Income Tax Return

**City or Local Reference Copy**  
**W-2 Wage and Tax Statement 2020**  
OMB No. 1545-0048  
Copy 2 to be filed with employer's City or Local Income Tax Return

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# FY2021 Applicant #16 (New)

**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
Sanibel	FL	33957
Foreign country name	Foreign province/state/county	Foreign postal code
		<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> 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):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):
					Child tax credit
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				Daughter	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	19,013.
Attach Sch. B if required.	2a	Tax-exempt interest	2a	2b	
	3a	Qualified dividends	3a	3b	
	4a	IRA distributions	4a	4b	
	5a	Pensions and annuities	5a	5b	
	6a	Social security benefits	6a	6b	
		7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7
	8	Other income from Schedule 1, line 9		8	2,865.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> ▶		9	21,878.
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.	10 Adjustments to income:				
	a	From Schedule 1, line 22	10a		
	b	Charitable contributions if you take the standard deduction. See instructions	10b		
	c	Add lines 10a and 10b. These are your <b>total adjustments to income</b> ▶		10c	
	11	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> ▶		11	21,878.
	12	<b>Standard deduction or itemized deductions</b> (from Schedule A)		12	18,650.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	
	14	Add lines 12 and 13		14	18,650.
	15	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-		15	3,228.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2020)

# FY2021 Applicant #16 (New)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____		16	323.
17	Amount from Schedule 2, line 3		17	
18	Add lines 16 and 17		18	323.
19	Child tax credit or credit for other dependents		19	0.
20	Amount from Schedule 3, line 7		20	323.
21	Add lines 19 and 20		21	323.
22	Subtract line 21 from line 18. If zero or less, enter -0-		22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10		23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>		24	0.

25 Federal income tax withheld from:				
a	Form(s) W-2		25a	1,149.
b	Form(s) 1099		25b	1,065.
c	Other forms (see instructions)		25c	
d	Add lines 25a through 25c		25d	2,214.

• If you have a qualifying child, attach Sch. EIC.  
 • If you have nontaxable combat pay, see instructions.

26	2020 estimated tax payments and amount applied from 2019 return			
27	Earned income credit (EIC)		27	3,177.
28	Additional child tax credit. Attach Schedule 8812		28	1,400.
29	American opportunity credit from Form 8863, line 8		29	
30	Recovery rebate credit. See instructions		30	
31	Amount from Schedule 3, line 13		31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>		32	4,577.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>		33	6,791.

**Refund**

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>			
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>		35a	6,791.

Direct deposit? See instructions

▶ b	Routing number	▶ c Type:	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings
▶ d	Account number			

36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>			
36			36	

**Amount You Owe**

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>			
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.				
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.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ _____
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.) ▶ _____
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name ▶ <b>Self-Prepared</b>	Firm's address ▶ _____			Phone no. _____
Firm's EIN ▶ _____				



**FY2021 Applicant #16 (New)**

**SCHEDULE 1**  
**(Form 1040)**

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. 01

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	13,065.
<b>8</b>	Other income. List type and amount ▶ <u>UCE</u> . . . . . -10,200.	<b>8</b>	-10,200.
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	2,865.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 04/16/21 Initial.cjg chp.sp

Schedule 1 (Form 1040) 2020

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required . . . . .	1	
2	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	2	323.
3	Education credits from Form 8863, line 19 . . . . .	3	
4	Retirement savings contributions credit. Attach Form 8880 . . . . .	4	
5	Residential energy credits. Attach Form 5695 . . . . .	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> . . . . .	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	323.

**Part II Other Payments and Refundable Credits**

8	Net premium tax credit. Attach Form 8962 . . . . .	8	
9	Amount paid with request for extension to file (see instructions) . . . . .	9	
10	Excess social security and tier 1 RRTA tax withheld . . . . .	10	
11	Credit for federal tax on fuels. Attach Form 4136 . . . . .	11	
12	Other payments or refundable credits:		
a	Form 2439 . . . . .	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 . . . . .	12b	
c	Health coverage tax credit from Form 8885 . . . . .	12c	
d	Other: . . . . .	12d	
e	Deferral for certain Schedule H or SE filers (see instructions) . . . . .	12e	
f	Add lines 12a through 12e . . . . .	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

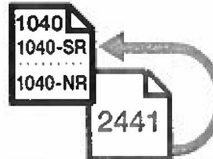
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Schedule 3 (Form 1040) 2020

**FY2021 Applicant #16 (New)**

Form **2441**

**Child and Dependent Care Expenses**



OMB No. 1545-0074

**2020**

Attachment Sequence No. **21**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Your social security number

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box.

**Part I Persons or Organizations Who Provided the Care— You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	Sanibel Congregational United Church of Christ	2050 Periwinkle Way Sanibel FL 33957	TAXEXEMPT	1,609.

Did you receive dependent care benefits?  No  Yes

Complete only Part II below.  
Complete Part III on the back next.

**Caution:** If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040), line 7a.

**Part II Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2020 for the person listed in column (a)
First	Last	
		1,609.

<b>3</b>	Add the amounts in column (c) of line 2. <b>Don't</b> enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 . . . . .	<b>3</b>	1,609.																																																										
<b>4</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>4</b>	19,013.																																																										
<b>5</b>	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4 . . . . .	<b>5</b>	19,013.																																																										
<b>6</b>	Enter the <b>smallest</b> of line 3, 4, or 5 . . . . .	<b>6</b>	1,609.																																																										
<b>7</b>	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 . . . . .	<b>7</b>	21,878.																																																										
<b>8</b>	Enter on line 8 the decimal amount shown below that applies to the amount on line 7.  <table border="0"> <tr> <td><b>If line 7 is:</b></td> <td><b>If line 7 is:</b></td> </tr> <tr> <td> <table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0—15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000—17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000—19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000—21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000—23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000—25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000—27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000—29,000</td> <td></td> <td>.28</td> </tr> </table> </td> <td> <table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000—31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000—33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000—35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000—37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000—39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000—41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000—43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000—No limit</td> <td></td> <td>.20</td> </tr> </table> </td> </tr> </table>	<b>If line 7 is:</b>	<b>If line 7 is:</b>	<table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0—15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000—17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000—19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000—21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000—23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000—25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000—27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000—29,000</td> <td></td> <td>.28</td> </tr> </table>	Over	But not over	Decimal amount is	\$0—15,000		.35	15,000—17,000		.34	17,000—19,000		.33	19,000—21,000		.32	21,000—23,000		.31	23,000—25,000		.30	25,000—27,000		.29	27,000—29,000		.28	<table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000—31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000—33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000—35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000—37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000—39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000—41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000—43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000—No limit</td> <td></td> <td>.20</td> </tr> </table>	Over	But not over	Decimal amount is	\$29,000—31,000		.27	31,000—33,000		.26	33,000—35,000		.25	35,000—37,000		.24	37,000—39,000		.23	39,000—41,000		.22	41,000—43,000		.21	43,000—No limit		.20	<b>8</b>	X .31
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<b>9</b>	Multiply line 6 by the decimal amount on line 8. If you paid 2019 expenses in 2020, see the instructions . . . . .	<b>9</b>	499.																																																										
<b>10</b>	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .	<b>10</b>	323.																																																										
<b>11</b>	<b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Schedule 3 (Form 1040), line 2 . . . . .	<b>11</b>	323.																																																										

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

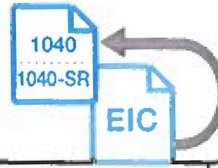
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Form **2441** (2020)

# FY2021 Applicant #16 (New)

**SCHEDULE EIC**  
(Form 1040)

**Earned Income Credit**  
Qualifying Child Information



OMB No. 1545-0074

2020

Attachment  
Sequence No. **43**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
- ▶ Go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC) for the latest information.

Name(s) shown on return

Your social security number

**Before you begin:**

- See the instructions for Form 1040 or 1040-SR, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1 800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

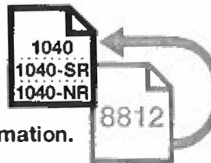
**Qualifying Child Information**

	Child 1	Child 2	Child 3
<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name      Last name	First name      Last name	First name      Last name
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 27, unless the child was born and died in 2020. If your child was born and died in 2020 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.			
<b>3 Child's year of birth</b>	Year <u>  2  </u> <u>  0  </u> <u>  1  </u> <u>  5  </u> <small><i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i></small>	Year _____ <small><i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i></small>	Year _____ <small><i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i></small>
<b>4 a</b> Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small><i>Go to line 5.</i></small> <small><i>Go to line 4b.</i></small>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small><i>Go to line 5.</i></small> <small><i>Go to line 4b.</i></small>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small><i>Go to line 5.</i></small> <small><i>Go to line 4b.</i></small>
<b>b</b> Was the child permanently and totally disabled during any part of 2020?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small><i>Go to line 5.</i></small> The child is not a qualifying child	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small><i>Go to line 5.</i></small> The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small><i>Go to line 5.</i></small> The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter		
<b>6 Number of months child lived with you in the United States during 2020</b>  • If the child lived with you for more than half of 2020 but less than 7 months, enter "7."  • If the child was born or died in 2020 and your home was the child's home for more than half the time he or she was alive during 2020, enter "12."	_____ 12 months Do not enter more than 12 months.	_____ months Do not enter more than 12 months.	_____ months Do not enter more than 12 months.

# FY2021 Applicant #16 (New)

**SCHEDULE 8812**  
**(Form 1040)**

## Additional Child Tax Credit



OMB No. 1545-0074

2020

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

### Part I All Filers

**Caution:** If you file Form 2555, **stop here;** you cannot claim the additional child tax credit.

<p>1 If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise, enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet. (See the instructions for Forms 1040 and 1040-SR, line 19, or the instructions for Form 1040-NR, line 19.)</p>	<b>1</b>	2,000.
2 Enter the amount from line 19 of your Form 1040, Form 1040-SR, or Form 1040-NR	<b>2</b>	0.
3 Subtract line 2 from line 1. If zero, <b>stop here;</b> you cannot claim this credit.	<b>3</b>	2,000.
4 Number of qualifying children under 17 with the required social security number: <u>1</u> x \$1,400. Enter the result. If zero, <b>stop here;</b> you cannot claim this credit. <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	<b>4</b>	1,400.
5 Enter the smaller of line 3 or line 4	<b>5</b>	1,400.
6a Earned income (see instructions)	<b>6a</b>	19,013.
b Nontaxable combat pay (see instructions)	<b>6b</b>	
7 Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	<b>7</b>	16,513.
8 Multiply the amount on line 7 by 15% (0.15) and enter the result. Next, on line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, <b>stop here;</b> you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	<b>8</b>	2,477.

### Part II Certain Filers Who Have Three or More Qualifying Children

<p>9 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier I RRTA taxes, see instructions.</p>	<b>9</b>	
10 Enter the total of the amounts from Schedule 1 (Form 1040), line 14, and Schedule 2 (Form 1040), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040), line 8.	<b>10</b>	
11 Add lines 9 and 10	<b>11</b>	
12 <b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 10. <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 10.	<b>12</b>	
13 Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	
14 Enter the larger of line 8 or line 13. Next, enter the smaller of line 5 or line 14 on line 15.	<b>14</b>	

### Part III Additional Child Tax Credit

<p>15 This is your additional child tax credit.</p>	<b>15</b>	1,400.
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Enter this amount on  
Form 1040, line 28;  
Form 1040-SR, line 28; or  
Form 1040-NR, line 28.

For Paperwork Reduction Act Notice, see your tax return instructions.

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Schedule 8812 (Form 1040) 2020

