

Child name _____ DOB ____ / ____ / ____ HOH _____

**Attachment G
FINANCIAL INFORMATION (To Calculate Monthly Fee)**

NOTE: This form will be used in lieu of maintaining a copy of the family federal income tax return in the child file. The service coordinator must enter the appropriate information directly from the federal income tax return. DO NOT allow the family to fill out this form.

1. Designated Head of Household: _____

Information from Federal Income Tax Return:

2. Tax Year: _____

3. Filing Status:

Single _____ Married filing jointly _____ Married filing separately* _____

(*NOTE: If married filing separately, complete two financial forms)

4. Number of Exemptions claimed: _____

Form 1040 – use line 6d
Form 1040A – use line 6d
Form 1040NR – use line 7d

5. Adjusted Gross Income reported on tax return: _____

Form 1040 – use line 37
Form 1040A – use line 21
Form 1040NR – use line 34

(NOTE: If an income tax return form is used that is not listed above, look for a line that refers to the adjusted gross income. The 1040EZ Form is not applicable to this process since it is only used when the filer has no dependents.)

I have reviewed the information entered above and agree that it represents the information on my official tax return for the year designated.

Signature of the head of household or joint filer

Date

Signature of Service Coordinator

Date