



MADISON COLLEGE: Scholars of Promise

Dependent Household Verification Form

INSTRUCTIONS - In order to determine your Scholars of Promise eligibility, you must complete and submit the following information. Indicate below what your household situation is. If any additional room is needed, please use the back of this form and include your name, ID, and signature.

STUDENT INFORMATION

Last Name _____ First Name _____ Student ID _____

FAMILY INFORMATION

List all of the people in your **parent's household** including:

- Yourself and your parent(s) (including stepparent) even if you don't live with your parent(s).
Please note: If your parents are not married and do not live together, please provide information for the parent who **last** provided more than half of your support.
- Anyone that your parents will provide **more** than half of the support for between July 1, 2017 through June 30, 2018 including:
 - Children, **even if they do not live with your parents**
 - Any other people if they **now live with your parents**. You must also state relationship and additional documentation may be required.

You must also indicate the name of the college for any household member (not including your parents) who will be attending college at least half time (six or more credits) between July 1, 2017 and June 30, 2018, and will be enrolled in a degree, diploma, or certificate program.

| Full Name of ALL Household Members | Age | Relationship to Student | College Enrolled at Least Half-time |
|------------------------------------|-----|-------------------------|-------------------------------------|
| | | Self | Madison College |
| | | | |
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| | | | |

SIGNATURE

By signing, I certify that the information provided above is true and that I understand that my eligibility will be determined based on this information.

Student Signature _____ Date _____

Electronic signatures are not accepted.

Parent Signature _____ Date _____

Electronic signatures are not accepted.

SUBMISSION INSTRUCTIONS

Please sign and submit your completed form in **one** of the following ways:

- Email: financialaid@madisoncollege.edu
- Mail: Madison College Financial Aid, 1701 Wright Street, Madison, WI 53704
- Fax: (608) 243-4245
- In Person: At the Truax Enrollment Center or at any Regional or Metro campus



MADISON COLLEGE: Scholars of Promise

Parent Other Financial Information Form

INSTRUCTIONS - In order to determine your Scholars of Promise eligibility, you and your parent(s) must first complete and submit the following information. To determine which parent(s) information should be used on this form, see [Who Is Considered a Parent?](#)
Note: No fields can be left blank. Enter "0" if a field does not apply to your parents.

STUDENT INFORMATION

Last Name _____ First Name _____ Student ID _____

PARENT(S) INFORMATION

| Relationship to Student | First Name | Last Name | Date of Birth |
|-------------------------|------------|-----------|---------------|
| | | | |
| | | | |

PARENT(S) ASSET INFORMATION

If not applicable, enter "0". Do not leave any fields blank.

| | |
|---|----|
| Current balance of the student's parent(s) cash, savings and checking accounts | \$ |
| Net worth of the student's parent(s) other real estate and investments (net worth equals current value minus debt): Do not include the net worth of the home that you live in. | \$ |
| Net worth of the student's parent(s) current businesses and/or investment farms (net worth equals current value minus debt): Do not include the net worth of the student's parent(s) family farm or family business with 100 or fewer full-time employees. | \$ |

PARENT(S) 2015 UNTAXED INCOME

If not applicable, enter "0". Do not leave any fields blank.

| | |
|--|----|
| Payments (direct or withheld from earnings) to the student's parent(s) tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S. | \$ |
| The actual amount of child support received in 2015 for the children in your parent's household. Do not include: foster care payments, adoption payments, or any amount that was court-ordered but not actually paid. | \$ |
| Cash payments and/or the cash value of benefits received by the student's parent(s) in 2015. Do not include: the value of on-base military housing or the value of a basic military allowance for housing. | \$ |
| The total amount of veterans non-education benefits received by the student's parent(s) in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. Do not include: federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill. | \$ |
| List the amount of other untaxed income not reported and not included elsewhere on this form received by the student's parent(s) in 2015. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. Do not include: any items reported or included above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels. | \$ |
| Total | \$ |

Last Name _____ First Name _____ Student ID _____

PARENT(S) 2015 ADDITIONAL FINANCIAL INFORMATION

If not applicable, enter "0". Do not leave any fields blank.

| | |
|--|-----------|
| The student's parent(s) taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships. | \$ |
| The student's parent(s) combat pay or special combat pay. Only enter the amount that was taxable and reported to the IRS in the student's parent(s) adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q). | \$ |
| The student's parent(s) taxable grant, and scholarship aid that was reported to the IRS in the student's parent(s) adjusted gross income. Includes Americorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. | \$ |
| Earnings of the student's parent(s) from work under a cooperative education program offered by a college. | \$ |
| Total | \$ |

OTHER PARENT(S) INFORMATION TO BE VERIFIED

- One of the persons listed in the student's parent(s) household **received** Food Stamps/SNAP benefits in 2015 or 2016. If asked by Madison College, the student's parent(s) will provide documentation of the receipt of Food Stamp/SNAP benefits during 2015 and/or 2016.

- The student's parent(s), **paid** child support in 2015. Please indicate below the name(s) of the person who paid the child support, the name(s) of the person to whom the child support was paid, the name(s) of the child(ren) for whom child support was paid, and the total annual amount of child support that was paid in 2015 for each child. If asked by Madison College, the student's parent(s) will provide documentation of the payment of child support. *If more space is needed, attach a separate page that includes the student's name and student ID listed at the top.*

| Name of Person Who Paid Child Support | Name of Person To Whom Child Support was Paid | Name of Child for Whom Support Was Paid | Age of Child for Whom Support Was Paid | Amt of Child Support Paid in 2015 |
|---------------------------------------|---|---|--|-----------------------------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

- The student's parent(s) **was** employed in 2015 and have listed below the names of all employers, and the amount earned from each employer in 2015. Attach copies of **all** 2015 W-2 forms issued by employers. *List every employer even if the employer did not issue an IRS W-2 form. If more space is needed, attach a separate page with student's name and ID listed at the top.*

| Income of Which Parent | Source of Income | 2015 Income |
|------------------------|------------------|-------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

SIGNATURE

By signing, I certify that the information provided above is true and that I understand that my eligibility will be determined based on this information.

Student Signature _____ Date _____

Electronic signatures are not accepted.

Parent Signature _____ Date _____

Electronic signatures are not accepted.

SUBMISSION INSTRUCTIONS

Please sign and submit your completed form in **one** of the following ways:

- Email: financialaid@madisoncollege.edu
- Mail: Madison College Financial Aid, 1701 Wright Street, Madison, WI 53704
- Fax: (608) 243-4245
- In Person: At the Truax Enrollment Center or at any Regional or Metro campus



MADISON COLLEGE: Scholars of Promise

Student Other Financial Information Form

INSTRUCTIONS - In order to determine your Scholars of Promise eligibility, you and your parent(s) must first complete and submit the following information. To determine which parent(s) information should be used on this form, see **Who Is Considered a Parent?**

Note: No fields can be left blank. Enter "0" if a field does not apply to your parents.

STUDENT INFORMATION

Last Name _____ First Name _____ Student ID _____

STUDENT ASSET INFORMATION

If not applicable, enter "0". Do not leave any fields blank.

| | |
|---|----|
| Current balance of the student's cash, savings and checking accounts: | \$ |
| Net worth of the student's other real estate and investments (net worth equals current value minus debt): Do not include the net worth of the home that you live in. | \$ |
| Net worth of the student's current businesses and/or investment farms (net worth equals current value minus debt): Do not include the net worth of the the student's family farm or family business with 100 or fewer full-time employees. | \$ |

STUDENT 2015 UNTAXED INCOME

If not applicable, enter "0". Do not leave any fields blank.

| | |
|--|----|
| Payments (direct or withheld from earnings) to the student's tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S. | \$ |
| The actual amount of child support received in 2015 for your children. Do not include: foster care payments, adoption payments, or any amount that was court-ordered but not actually paid. | \$ |
| Cash payments and/or the cash value of benefits received by the student in 2015. Do not include: the value of on-base military housing or the value of a basic military allowance for housing. | \$ |
| The total amount of veterans non-education benefits received by the student in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. Do not include: federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill. | \$ |
| List the amount of other untaxed income not reported and not included elsewhere on this form received by the student in 2015. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement benefits, etc. Do not include: any items reported or included above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels. | \$ |
| Total | \$ |

STUDENT 2015 ADDITIONAL FINANCIAL INFORMATION

If not applicable, enter "0". Do not leave any fields blank.

| | |
|--|----|
| The student's taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships. | \$ |
| The student's combat pay or special combat pay. Only enter the amount that was taxable and reported to the IRS in the student's adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q). | \$ |
| The student's taxable grant, and scholarship aid that was reported to the IRS in the student's adjusted gross income. Includes Americorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. | \$ |
| Earnings of the student from work under a cooperative education program offered by a college. | \$ |
| | \$ |

Last Name _____ First Name _____ Student ID _____

OTHER INFORMATION TO BE VERIFIED

- One of the persons listed in the student's household **received** Food Stamps/SNAP benefits in 2015 or 2016. If asked by Madison College, the student's parent(s) will provide documentation of the receipt of Food Stamp/SNAP benefits during 2015 and/or 2016.

- The student, **paid** child support in 2015. Please indicate below the name(s) the name(s) of the person to whom the child support was paid, the name(s) of the child(ren) for whom child support was paid, and the total annual amount of child support that was paid in 2015 for each child. If asked by Madison College, the student will provide documentation of the payment of child support. *If more space is needed, attach a separate page that includes the student's name and student ID listed at the top.*
-

| Name of Person Who Paid Child Support | Name of Person To Whom Child Support was Paid | Name of Child for Whom Support Was Paid | Age of Child for Whom Support Was Paid | Amt of Child Support Paid in 2015 |
|---------------------------------------|---|---|--|-----------------------------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

- The student **was** employed in 2015 and has listed below the names of all employers, and the amount earned from each employer in 2015. Attach copies of **all** 2015 W-2 forms issued by employers. *List every employer even if the employer did not issue an IRS W-2 form. If more space is needed, attach a separate page with student's name and ID listed at the top.*

| Source of Income | 2015 Income |
|------------------|-------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

SIGNATURE

By signing, I certify that the information provided above is true and that I understand that my eligibility will be determined based on this information.

Student Signature _____ Date _____

Electronic signatures are not accepted.

SUBMISSION INSTRUCTIONS

Please sign and submit your completed form in **one** of the following ways:

- Email: financialaid@madisoncollege.edu
- Mail: Madison College Financial Aid, 1701 Wright Street, Madison, WI 53704
- Fax: (608) 243-4245
- In Person: At the Truax Enrollment Center or at any Regional or Metro campus



MADISON COLLEGE: Scholars of Promise

Tax Filing Confirmation Form

2017-2018

INSTRUCTIONS - In order to determine your Scholars of Promise eligibility, you must complete and submit the following information. Indicate below what your and your parents' situation was for 2015 and follow the instructions accordingly based on your selection.

STUDENT INFORMATION

Last Name _____ First Name _____ Student ID _____

Student Filing Status

- I, the **student**, filed a 2015 Federal income tax return. I will submit a copy of my 2015 IRS Tax Return Transcript. (Instructions attached)
- I, the **student**, did **not** file a 2015 Federal income tax return, but I **was** employed during 2015. I will submit a copy of my 2015 W-2(s). (Instructions attached)
- I, the **student**, did **not** file a 2015 Federal income tax return, and I **was not** employed during 2015. By signing below I confirm I do not have a W-2 or IRS Tax Return Transcript for 2015.

Parent Filing Status

- I, the **parent**, filed a 2015 Federal income tax return. I will submit a copy of my (and/or my spouse's) 2015 IRS Tax Return Transcript. (Instructions attached)
- I, the **parent**, did **not** file a 2015 Federal income tax return, but I (and/or my spouse) **was** employed during 2015. I will submit a copy of my (and/or my spouse's) 2015 W-2(s). (Instructions attached)
- I, the **parent** (and my spouse, if married), did **not** file a 2015 Federal income tax return, and I (and my spouse, if married) **was not** employed during 2015. By signing below I confirm I (and my spouse, if married) do not have a W-2 or IRS Tax Return Transcript for 2015.

SIGNATURES

By signing, I certify that the information provided above is true and that I understand that my Scholars of Promise eligibility will be determined based on this information.

Student Signature _____ Date _____

Electronic signatures are not accepted.

Parent Signature _____ Date _____

Electronic signatures are not accepted.

SUBMISSION INSTRUCTIONS

Please sign and submit your completed form in **one** of the following ways:

- Email: financialaid@madisoncollege.edu
- Mail: Madison College Financial Aid, 1701 Wright Street, Madison, WI 53704
- Fax: (608) 243-4245
- In Person: At the Truax Enrollment Center or at any Regional or Metro campus

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

| | |
|--|--|
| 1a Name shown on tax return. If a joint return, enter the name shown first. | 1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) |
| 2a If a joint return, enter spouse's name shown on tax return. | 2b Second social security number or individual taxpayer identification number if joint tax return |
| 3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) | |
| 4 Previous address shown on the last return filed if different from line 3 (see instructions) | |
| 5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. | |

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

| | | |
|--|------|---|
| | | Phone number of taxpayer on line 1a or 2a |
| Signature (see instructions) | Date | |
| Title (if line 1a above is a corporation, partnership, estate, or trust) | | |
| Spouse's signature | Date | |

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

| | |
|---|--|
| Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address | Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 |
| | 855-587-9604 |

| | |
|---|--|
| Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming | Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 |
| | 855-800-8105 |

| | |
|--|--|
| Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia | Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 |
| | 855-821-0094 |

Chart for all other transcripts

If you lived in or your business was in:

| | |
|--|--|
| Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address | Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 |
| | 855-298-1145 |

| | |
|--|--|
| Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin | Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 |
| | 855-800-8015 |

| | |
|--|--|
| Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin | Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 |
| | 855-800-8015 |

Line 1b. Enter your employer identification number (EIN) if your request relates to a business number. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.



MADISON COLLEGE: Scholars of Promise

Requesting W-2 or 1099 Instructions

If a student or parent is unable to get copies of their original W-2s or 1099s, they can get a copy from the IRS. Note: the most recent year's information may not be available until July.

INSTRUCTIONS - Follow the instructions below for how to request a copy of your and/or your parents' W-2s and/or your 1099 and submit the required documents to the Financial Aid Office for review.

HOW TO REQUEST W-2s or 1099

1. Go to irs.gov
2. Select the Forms & Pubs tab
3. Select the Form 4506-T
4. Fill boxes 1a through 4 out on the form
5. Do not fill out line 5, you should not be mailing this directly to us, have it mailed to you and then you can send it to us with your student account information.
6. Select the checkbox on the right hand side for option number 8.
7. Enter the year you are looking at for option number 9. For example, for 2015 taxes, enter 12/31/2015.
8. Sign and date the form
9. You may then send the form to the appropriate address listed on page two or fax it. For example, the Wisconsin address is:
Internal Revenue Service Fax Number: 559-456-7227
RAIVS Team
Stop 37106
Fresno, CA 93888
10. Once your documents are received, be sure to write your student ID and name at the top (if not already on the documents).
11. Then send them to the Financial Aid Office in one of the following ways listed below.

SUBMISSION INSTRUCTIONS

BEFORE SUBMISSION - include the student's name and student ID number or date of birth on the paper and/or in an email so that it can be attached to the student's file.

Please sign and submit your completed form in **one** of the following ways:

- Email: financialaid@madisoncollege.edu
- Mail: Madison College Financial Aid, 1701 Wright Street, Madison, WI 53704
- Fax: (608) 243-4245
- In Person: At the Truax Enrollment Center or at any Regional or Metro campus



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IRS Tax Transcript Request

INSTRUCTIONS - You and/or your parent may obtain a Tax Return Transcript by one of the methods listed below. You must then submit a copy to the Financial Aid Office for review.

ONLINE REQUEST

1. Go to irs.gov
2. Select Get a Tax Transcript under the Tools section
3. Select the Get Transcript by Mail button
4. Read the disclaimer and select the OK button
5. Enter your Social Security Number, Date of Birth, Street Address, and Zip Code
6. Select Continue
7. For Type of Transcript, select Return Transcript
8. For Tax Year, request the calendar year you need. For example, for the 2017-2018 aid year, request the 2015 calendar year.
9. Select Continue

PHONE REQUEST

1. Call the automated IRS system at 1-800-908-9946
2. Listen to the welcome message and select English or Spanish
3. Enter your Social Security Number (SSN)
4. Confirm your SSN
5. Enter your street address number (not the actual street)
6. Request the Tax Return Transcript which should be option #2

MAIL REQUEST

1. Go to irs.gov
2. Select Get a Tax Transcript under the Tools section
3. In the Related Forms box on the right hand side, select Form 4506T-EZ, Short Form Request for Individual Tax Return Transcript and then select 4506T-EZ
4. Fill boxes 1a through 4 out on the form
5. Do not fill out line 5, you should not be mailing this directly to us, have it mailed to you and then you can send it to us with your student account information.
6. Under 6, enter the calendar year(s) you wish to receive a Tax Return Transcript. For example, for the aid year 2017-2018, you need to enter 2015 to get your 2015 Tax Return Transcript.
7. Sign and date the form
8. You may then send the form to the appropriate address listed on page two or fax it. For example, the Wisconsin address is:
Internal Revenue Service Fax Number: 559-456-7227
RAIVS Team
Stop 37106
Fresno, CA 93888

SUBMISSION INSTRUCTIONS

BEFORE SUBMISSION - You can expect to receive your transcript in 5-10 days. Once you receive your Tax Return Transcript in the mail, write your student id or date of birth at the top along with your name. Then submit it to the Financial Aid Office.

Please sign and submit your completed form in **one** of the following ways:

- Email: financialaid@madisoncollege.edu
- Mail: Madison College Financial Aid, 1701 Wright Street, Madison, WI 53704
- Fax: (608) 243-4245
- In Person: At the Truax Enrollment Center or at any Regional or Metro campus

Please submit a narrative essay addressing all points below. The essay should be typed, double-spaced, and a minimum of one page and no more than two pages in length.

- Describe your personal and educational background. How has it shaped who you are?
- What are your favorite subjects in school? What do you enjoy about them?
- What are your academic and career goals? Describe how you plan to achieve them.
- Why are you interested in the Scholars of Promise Program? How do you feel the program's services will assist you in your educational goals?

-How to submit your essay-

- Send an e-mail to scholarsofpromise@madisoncollege.edu.
- (If you do not have access to Microsoft Word) write the essay in the body of the email.
- Attach your essay as a Word document (.doc) or PDF (.pdf) file
- Inside the subject line write: **Scholars Essay**
- At the top of the essay type the following information:
 - **First Name and Last Name**
 - **Madison College Student ID**
 - **Date of Birth**
 - **Current High School**
- Send email

If you have any questions, please do not hesitate in contacting us at scholarsofpromise@madisoncollege.edu or calling us at 608-246-6036

We wish you a wonderful day!



JAVIER NEIRA
Scholars of Promise Manager
Truax A1000 | Enrollment Center
1701 Wright Street
Madison, WI 53704

☎ 608.246.6036
✉ scholarsofpromise@madisoncollege.edu
🌐 madisoncollege.edu/scholars-of-promise