

Revised IRS 1040 Income Verification Worksheet

Provider: _____

#7	Wages/salaries/tips/etc. (*Current paycheck stubs)	_____
#8A	Taxable interest	_____
#8B	Tax-exempt interest	_____
#9	Dividend income	_____
#10	Taxable refunds/credits/offsets of state/local income taxes	_____
#11	Alimony received	_____
#12	Business income (If negative, must be counted as zero)	_____
#13	Capital gain income (If negative, must be counted as zero)	_____
#14	Other gains (If negative, must be counted as zero)	_____
#15	Total IRA distributions (**Available for household use? ___Y ___N)	_____
#16	Total pensions/annuities (**Available for household use? ___Y ___N)	_____
#17	Rental real estate, etc.	_____
#18	Farm income (If negative, must be counted as zero)	_____
#19	Unemployment compensation	_____
#20	Social Security benefits (**Available for household use? ___Y ___N)	_____
#21	Other income	_____
	<i>Total Income:</i>	_____

*Use current paycheck stubs to verify income and amount from 1040.

If **YES, enter amount on worksheet. If **NO**, attach note from provider.