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School District U-46

July XX, XXXX (debe ser del año escolar actual)

To the parents or legal guardian of

School District U-46

1150 Bowes Rd

Elgin, IL 60123

ELGIN, IL 60120-4214

Dear parent/guardian:

Based on information provided to us by public assistance authorities, we have determined that the students in your household are automatically eligible for meal benefits. You do not need to complete an application for school meal benefits.

The students listed below are eligible for Free Meals

If you disagree with this decision, you may call the Food and Nutrition Office at 847-888-5000 ext 5446. If you wish to discuss the decision further, you have the right to a fair hearing. You may request a hearing by calling 847-888-5000 ext 5446 or by writing to the Director of Food and Nutrition Services, 1150 Bowes Rd , Elgin, IL 60123

PRIVACY ACT STATEMENT: The disclosure of a Social Security Number is voluntary; however, a Social Security Number or an indication of 'none' is required for approval of the application. The Social Security Number is required under provisions of the Richard B. Russell National School Lunch Act (NSLA). The Social Security Number is not required when you apply on behalf of a foster child or you list a SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number or other FDPIR identifier for your child. We will use your information to determine if your child is eligible for free or reduced meals and for administration and enforcement of the breakfast and lunch programs. We may share your eligibility information with education, health and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews and law enforcement officials to help them look into violations of program rules.

NON-DISCRIMINATION STATEMENT: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights: 1400 Independence Avenue, SW; Washington, D.C 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This Institution is an equal opportunity provider

Sincerely,

Director of Food and Nutrition Services

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DEBE SER EL FORMULARIO DE IMPUESTOS ACTUAL

Form **1040**

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

20XX

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial Sample A	Last name Example	Your social security number 1 1 1 1 1 1 1 1 1
If joint return, spouse's first name and middle initial Sample B	Last name Example	Spouse's social security number 2 2 2 2 2 2 2 2 2
Home address (number and street). If you have a P.O. box, see instructions. 123 Main St		Presidential Election Campaign 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
City, town, or post office. If you have a foreign address, also complete spaces below. Anytown	State IL	
Foreign country name	Foreign province/state/county	
ZIP code 60120		
Foreign postal code		

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) 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, 1958 Are blind **Spouse:** Was born before January 2, 1958 Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
Child 1 Example		4 4 4 4 4 4 4 4 4	son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child 2 Example		5 5 5 5 5 5 5 5 5	daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child 3 Example		6 6 6 6 6 6 6 6 6	daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income	1a	1b	1c	1d	1e	1f	1g	1h	1i	1z	
Total amount from Form(s) W-2, box 1 (see instructions)	89099	0	0	0	0	0	0	0		89099	
Household employee wages not reported on Form(s) W-2		0	0	0	0	0	0	0		0	
Tip income not reported on line 1a (see instructions)		0	0	0	0	0	0	0		0	
Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		0	0	0	0	0	0	0		0	
Taxable dependent care benefits from Form 2441, line 26		0	0	0	0	0	0	0		0	
Employer-provided adoption benefits from Form 8839, line 29		0	0	0	0	0	0	0		0	
Wages from Form 8919, line 6		0	0	0	0	0	0	0		0	
Other earned income (see instructions)		0	0	0	0	0	0	0		0	
Nontaxable combat pay election (see instructions)									1i		
Add lines 1a through 1h										89099	
2a Tax-exempt interest	2a	2b Taxable interest	2b	2c Qualified dividends	2c	2d IRA distributions	2d	2e Pensions and annuities	2e	2f Social security benefits	2f
		0	2b	0	2c	0	2d	0	2e	0	2f
			3b	0	3c	0	3d	0	3e	0	3f
			4b	0	4c	0	4d	0	4e	0	4f
			5b	0	5c	0	5d	0	5e	0	5f
			6b	0	6c	0	6d	0	6e	0	6f
c If you elect to use the lump-sum election method, check here (see instructions)											
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here			7	0	8	0	9	89099	10	0	
8 Other income from Schedule 1, line 10			8	0	9	89099	10	0	11	89099	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9	89099	10	0	11	89099	12	25900	
10 Adjustments to income from Schedule 1, line 26			10	0	11	89099	12	25900	13	0	
11 Subtract line 10 from line 9. This is your adjusted gross income			11	89099	12	25900	13	0	14	25900	
12 Standard deduction or itemized deductions (from Schedule A)			12	25900	13	0	14	25900	15	63199	
13 Qualified business income deduction from Form 8995 or Form 8995-A			13	0	14	25900	15	63199			
14 Add lines 12 and 13			14	25900							
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15	63199							



State of Illinois
Department of Human Services
Department of Healthcare and Family Services

Date of Notice: January xx, 20xx
Case Number: x
Client Name: x
Individual ID: x
Office Name: KANE COUNTY ELGIN FCRC
Office Address: 700 S STATE ST
ELGIN, IL 60123
Phone: 847-931-2700
TTY: 847-931-2796
Fax: 844-736-3563

Sample
123 Sample AVE
ELGIN, IL 60120

You can manage your case online at abe.illinois.gov

Esta notificación esta disponible en Espanol. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-866-324-5553)

Notice of Decision

Beginning February XX, 20XX, your benefits will change as follows:

Your **Supplemental Nutrition Assistance Program (SNAP)** Benefits will go down. \$000.00 is the new amount of your SNAP Benefits.

The reason for this action is your unit's needs have increased. This action agrees with policy statement(s) contained in PM 13-02.

Medical Benefits will stop for at least one person in your household. Read the Medical Benefits section of this notice to find out who has benefits and to review these changes.

How To Use Your Benefits

Once you stop using the cash or SNAP benefits in your Illinois Link account for a period of 365 days, those benefits will be deleted from your account and will no longer be available to you.

The last page of this notice is your Medical Card. That page also tells you how to use your medical benefits. Be sure to keep that page.

You can manage your case online through ABE (www.abe.illinois.gov). To learn how, read the **Manage My Case Online** section in this notice.

This notice contains important information. If you cannot read this notice, please call us at 1-800-843-6154 (TTY 1-866-324-5553) for help. Please stay on the line while you are connected with an interpreter.

Turn this page over to read more information on the back.