

Catastrophic Illness in Children Relief Fund Income Documentation

Eligibility for reimbursement is calculated by comparing your medically related expenses for your child to annual household income for the same 12-month period. You will be asked to list all sources of income (including earned, public benefits and unemployment) for your household for the past 24 months. There will be spaces on the online application for you to upload proof of your income.

Type of Income	Proof of Income
Adoption/foster subsidy	Bank statements or CICRF can help you get this from state website (VendorWeb)
Child Support/alimony	Divorce court order, Dept of Revenue payment history or letter signed by non-custodial parent
Dept of Transitional Assistance (DTA)	Completed DTA release form and CICRF can request on your behalf
Employer	Federal tax returns with W-2(s) for the past 2 years and most recent paystubs for the parents/guardians who worked
Paid Family Medical Leave (PFML)	PFML payment history report
Pension/retirement income	Federal tax return with 1099(s)
Rental income	Federal tax return with 1099(s) and Schedule C
Self-employment income	Federal tax return with 1099(s) and Schedule C
Short-/Long-term Disability	Federal tax return with 1099(s)
Social Security or Social Security Disability (SSDI)	Annual award letter, Social Security or SSDI 1099 statement for all household members receiving benefits
Supplemental Security Income (SSI)	Annual award letters for all household members receiving SSI
Unemployment	Federal tax return with 1099(s), award letter from Dept. of Workforce Development
Workers' Compensation	Worker's Compensation award letter specifying the weekly compensation amount

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT			
2022 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.			
Box 1. Name		Box 2. Beneficiary's Social Security Number	
Recipient's Name, Street Address, City, State, and ZIP Code United States Railroad Retirement Board 4 N Rush St Chicago IL 60611-1275 Recipient's Federal Identifying No.		2022 Statement for Nonresident Alien Recipients of Payments by the Railroad Retirement Board	
Unique Form Identifier Amendment Number		Copy B - For Recipient's Records This information is being furnished to the Internal Revenue Service	
Recipient's Name, Street Address, City, State, and ZIP code		Box 5. Net Benefits for 2020 (Box 3 minus Box 4)	
6. Claim Number and Payee Code		7. Recipient's U.S. Taxpayer Identification Number	
8. Recipient's Chapter 3 Status Code		9. Recipient's Date of Birth	
10. Gross Benefit Paid in 2020		11. Benefit Repaid to RRB in 2020	
DESCRIPTION OF AMOUNT IN BOX 4			

Social Security Benefit Statement:

A social security benefit statement is a tax form that shows the total amount of benefits you received from Social Security in the previous year. It is mailed out each January to people who receive benefits and tells you how much Social Security income to report to the IRS on your tax return.

- Noncitizens who live outside of the United States receive the SSA-1042S instead of the SSA-1099.
- The forms SSA-1099 and SSA-1042S are not available for people who receive Supplemental Security Income (SSI).
- A replacement SSA-1099 or SSA-1042S is typically available for the previous tax year after February 1.
- If you don't have access to a printer, you can save the document on your computer or laptop and email it.
- For information about requesting a replacement SSA-1099 or getting another copy, visit <https://www.ssa.gov/myaccount/replacement-SSA-1099.html>

22222		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld	
		5 Medicare wages and tips		6 Medicare tax withheld	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff.		11 Nonqualified plans		12a	
		13 Statutory employee Retirement plan Third-party sick pay		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

2022

Department of the Treasury—Internal Revenue Service

Form W-2:

Every employer engaged in a trade or business who pays remuneration, including noncash payments of \$600 or more for the year (all amounts if any income, social security, or Medicare tax was withheld) for services performed by an employee must file a Form W-2 for each employee (even if the employee is related to the employer) from whom:

- Income, Social Security, or Medicare tax was withheld.
- Income tax would have been withheld if the employee had claimed no more than one withholding allowance or had not claimed exemption from withholding on Form W-4, Employee's Withholding Allowance Certificate.
- For more information, visit the IRS' website at <https://www.irs.gov/forms-pubs/about-form-w-2>

Form 1040 Department of the Treasury—Internal Revenue Service **2023** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20_____ See separate instructions.

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 _____

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____ You Spouse

Filing Status Single Head of household (HOH)
 Married filing jointly (even if only one had income)
 Married filing separately (MFS) 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: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, 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, 1959 Are blind **Spouse:** Was born before January 2, 1959 Is blind

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

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)	1a
b Household employee wages not reported on Form(s) W-2	1b
c Tip income not reported on line 1a (see instructions)	1c
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
e Taxable dependent care benefits from Form 2441, line 26	1e
f Employer-provided adoption benefits from Form 8839, line 29	1f
g Wages from Form 8919, line 6	1g
h Other earned income (see instructions)	1h

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see _____

Form 1040 (Tax Return filing form):

The IRS 1040 form is one of the official documents that U.S. taxpayers use to file their annual income tax return. The 1040 form is divided into sections where you report your income and deductions to determine the amount of tax you owe or the refund you can expect to receive. Depending on the type of income you need to report, it may be necessary to attach additional forms, also known as schedules. Taxpayers use the federal 1040 form to calculate their taxable income and tax on that income.

For more information about the IRS 1040 form, visit <https://turbotax.intuit.com/tax-tips/irs-tax-return/what-is-an-irs-1040-form/L4aOys6cl> and refer to the IRS' official website at <https://www.irs.gov/forms-pubs/about-form-1040>



Social Security Administration
Benefit Verification Letter

Date: August 16, 2022
BNC#: 123456789ABCDE
REF: A

JONATHAN DOE
1234 MAKEBELIEVE LANE
AKRON, OH 44312

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2021, the full monthly Social Security benefit before any deductions is \$2,908.00.

We deduct \$170.10 for medical insurance premiums each month.

The regular monthly Social Security payment is \$2,737.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the second Wednesday of each month.

Information About Past Social Security Benefits

From December 2020 to November 2021, the full monthly Social Security benefit before any deductions was \$2,746.00.

We deducted \$148.50 for medical insurance premiums each month.

The regular monthly Social Security payment was \$2,597.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Medicare Information

You are entitled to hospital insurance under Medicare beginning October 2016.

See Next Page

Social Security Benefits Letter:

The benefit verification letter, sometimes called a "budget letter," a "benefits letter," a "proof of income letter," or a "proof of award letter," serves as proof that you either:

- Get Social Security benefits, Supplemental Security Income (SSI), or Medicare.
- Have never received benefits or SSI.
- Have applied for benefits.

Commonwealth of Massachusetts One Ashburton Place Boston, MA 02108		Pay Group: N15-CW Normal FLSA 15 Pay Begin Date: 09/15/2019 Pay End Date: 09/28/2019	1	Business Unit: COMID Advice #: 00000000593337 Advice Date: 10/04/2019																																																																																									
1 Main Street Boston, RI 02108		Employee ID: [REDACTED] Department: HRD1000-Human Resources Division Location: Boston-100 Cambridge Street Job Title: Personnel Officer I Pay Rate: \$2,123.29 Biweekly	2	3	TAX DATA: Federal MA State Tax Status: Single Single Allowances: 0 0 Addl. Percent: Addl. Amount:	4																																																																																							
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MESSAGE:

Paystub or payroll record (Format may vary by employer):

Note: The example above shows a paystub for an employee of the Commonwealth of Massachusetts (someone employed by the state of MA).

Employers must give workers a statement with their pay that says:

- the name of the employer and worker
- the date of payment (month, day and year)
- the number of hours worked during the pay period
- the hourly rate
- all deductions and increases made during the pay period.

Payroll records include the worker's name, address, job/occupation, amount paid each pay period, and hours worked (each day and week). Employers may not charge workers for paystubs. Paystubs may be given out electronically as long as the employer provides a way for the worker to print out the information.

7/17/23, 5:06 PM

Commonwealth of Massachusetts
Child Support Enforcement
Check Disbursement Report
Check RECIP ID : xxxxxxx
Name: xxxxxxxx
07/17/2023

Date Range
Total Amount:
\$ 8,888.00
From: 07/17/2021 To: 07/17/2023

Date	Amount	Status	Check/Control Number	Replaced Check/Control Number
07/14/2023	\$311.00	Issued	xxxxxxxxxxx	
07/06/2023	\$311.00	Issued	xxxxxxxxxxx	
06/26/2023	\$311.00	Issued	xxxxxxxxxxx	
06/20/2023	\$311.00	Issued	xxxxxxxxxxx	
06/12/2023	\$311.00	Issued	xxxxxxxxxxx	
06/05/2023	\$311.00	Issued	xxxxxxxxxxx	
05/30/2023	\$222.00	Issued	xxxxxxxxxxx	

Commonwealth of Massachusetts Child Support Payments:

The image above shows a sample of a report of payments a family receiving child support may see. If you receive child support payments and would like to request your payment history, visit <https://www.mass.gov/how-to/get-your-child-support-payment-history>