

RHODE ISLAND PUBLIC HIGHER EDUCATION UNEMPLOYMENT MEANS TEST 20/21

ATTACH SIGNED COPY OF FEDERAL INCOME TAX RETURN AND W2's

Student Name _____ SS Number _____

Home Address _____ Phone Number _____

1. Did your parent (or someone else) claim you as a dependent for 2019?

Yes (**NOT ELIGIBLE**) No (**Please complete form**)

2. Did you file a 2019 tax return? Yes (**GO TO ITEM 3**) No (**Sign the affidavit below**)

3. Total income from Federal Form 1040 line 7b. _____

4. Total number of dependents from Form 1040. Add 1 if single, add 2 if married filing jointly. _____

5. List 2019 wages from unemployed individual(s) line 1 of form W-2. (Please attach copy of all W-2/1099 forms.)

Company Name	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Line 5 Total: _____

6. Subtract total of item 5 from line 3. _____

7. Enter the amount from the table below which corresponds to the number from item 4 above. _____

Dependents:	1	\$38,280	5	\$92,040
	2	\$51,720	6	\$105,480
	3	\$65,160	7	\$118,920
	4	\$78,600	8	\$132,360

For family units with more than eight members, add \$13,440 for each additional family member.

If the amount in Item 7 is more than the amount in Item 6, you meet the means requirement.

I declare that the above information is true and correct to the best of my knowledge.

Signature _____ Date _____

Approved by _____ Date _____

Please return this form along with copies of your signed Federal Income Tax Return and your Rhode Island driver's license to: Bursar's Office, Building 4, Rhode Island College, Providence, RI 02908.