

RHODE ISLAND PUBLIC HIGHER EDUCATION UNEMPLOYMENT MEANS TEST 21/22

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 2020?
 Yes **(NOT ELIGIBLE)** No **(Please complete form)**
2. Did you file a 2020 tax return? Yes **(GO TO ITEM 3)** No **(Sign the affidavit below)**
3. Total income from Federal Form 1040 line 9. _____
4. Total number of dependents from Form 1040. Add 1 if single, add 2 if married filing jointly. _____
5. List 2020 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 | \$38,640 | 5 | \$93,120 |
| | 2 | \$52,260 | 6 | \$106,740 |
| | 3 | \$65,880 | 7 | \$120,360 |
| | 4 | \$79,500 | 8 | \$133,980 |

For family units with more than eight members, add \$13,620 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.