

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **2024** OMB No. 1545-0047
For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____

1040 less than a year old required.
Documentation more than one year old
will not be accepted and will result in a
declined fee waiver request.

Your name is required
here if this is the 1040
you filed.

Please redact your SSN.

Filing Status

Check only
one box.

- ☐ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
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: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets

At any time during 2024, 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, 1960 ☐ Are blind Spouse: ☐ Was born before January 2, 1960 ☐ 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
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your name is required
here if you are listed as
a dependent.

a	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	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
b	Taxable interest	2b	
b	Ordinary dividends	3b	
b	Taxable amount	4b	
b	Taxable amount	5b	
b	Taxable amount	6b	
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	
8	Additional income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	
12	Standard deduction or itemized deductions (from Schedule A)	12	
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040** (2024)

Adjusted gross income required. Please make
sure it falls within the eligibility guidelines, an AGI
above the guidelines will result in a declined fee
waiver request.

University of California
San Diego

2024-2025 Financial Aid Confirmation

Name: [REDACTED]
PID: [REDACTED]
Reason: [REDACTED]
Reason Date: 10/29/2024

Your name is required.

Financial Aid summary less than a year old required. Documentation more than one year old will not be accepted and will result in a declined fee waiver request.

Aid Information as of 04/13/2025

- Dependent
- Senior
- Good Standing
- California Resident

Determination of Your Financial Need

Estimated Cost Of Attendance

Less Student Aid Index

Financial Need

To qualify SAI cannot exceed \$6,655. A SAI above \$6,655 will result in a declined fee waiver request.

\$44,964.00

-\$1,500.00

\$44,964.00

*A negative SAI reverts to Zero when calculating the Financial Need.

Academic Year Aid Information:

Acad. Year Financial Aid Offer	Offered	Accepted	Fall	Winter	Spring	Total Paid	Status
CAL GRANT A RENEWAL	\$12,570.00	\$12,570.00	\$4,190.00	\$4,190.00	\$4,190.00	\$12,570.00	Confirmed
FEDERAL WORK-STUDY	\$2,800.00	\$2,800.00	\$933.34	\$933.33	\$933.33	\$0.00	Accepted
FEDERAL PELL GRANT	\$7,395.00	\$7,395.00	\$2,465.00	\$2,465.00	\$2,465.00	\$7,395.00	Confirmed
UCSD GRANT-IN-AID	\$5,996.00	\$5,996.00	\$1,998.00	\$1,999.00	\$1,999.00	\$5,996.00	Confirmed
DIRECT LOAN-SUBSIDIZED	\$5,500.00	\$5,500.00	\$1,834.00	\$1,833.00	\$1,833.00	\$5,443.00	Complete
DIRECT LOAN-UNSUBSIDIZED	\$3,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Declined
DIRECT LOAN-PARENT PLUS	\$2,700.00	\$0.00	\$900.00	\$900.00	\$900.00	\$0.00	How to Apply
DIRECT LOAN - UNSUB-NEED	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Declined

FAFSA Submission Summary

FAFSA Summary less than a year old required.
Documentation more than one year old will not be accepted and will result in a declined fee waiver request.

Student

Application Received

Dec. 18, 2024

Application Processed

Dec. 19, 2024

Data Release Number

5483

Your name is required.

Your Estimated Federal Student Aid

Federal Pell Grant

You are not eligible for a Federal Pell Grant, but you may be eligible for other aid.

N/A

Federal Direct Loans

A [federal direct loan](#) is money lent to you by the government that you must repay with interest.

Up to **\$20,500**

Federal Work-Study

[Federal Work-Study](#) is a way for students to earn money to pay for school through part-time jobs on or off campus.

You May Be Eligible

Amounts shown here are only estimates of federal student aid based on full-time enrollment and the average cost of attendance. Your school will determine how much student aid to offer you, which may include additional aid from your school or state.

[Learn more about financial aid](#)



Keep in mind, this is only an estimate

To qualify SAI cannot exceed \$6,655. A SAI above \$6,655 will result in a declined fee waiver request.

aid available.

Your Student Aid Index (SAI)

Your SAI is an index number calculated using information provided on your FAFSA form. Your school uses your SAI to determine your federal student aid eligibility and to build your financial aid offer. Your SAI may change if you update or correct your FAFSA information or after verification (if your FAFSA form was selected for review). Once your updated FAFSA form is complete and fully processed, you'll receive a new FAFSA Submission Summary, which may include changes to your SAI and estimated federal student aid.