



Dear Parent:

As your child approaches their senior year in high school, the College and Career Counseling department is requesting financial information regarding your child, yourself, and other family members. We understand that you may feel uncomfortable releasing this sensitive information to your child and to us. Therefore, we want to let you know why we are requesting this information, who it will be released to, and how we are securing it at MELS.

Why: We would like to help your student receive financial aid and scholarships. If you provide us with your financial information, it is much easier to provide this support for your student. With your financial information, we can estimate the amount of financial aid that your child may qualify for. Some of the things we will be able to immediately know is your student's eligibility for the Excelsior Scholarship (NYS Free tuition), fee waivers for college applications, and admissibility to opportunity programs.

Who will it be released to: Your child will release the family household income to the colleges/universities that he/she applies to, the United States Department of Education (in order to complete the Free Application For Federal Student Aid-FAFSA), and to the College and Career Department at MELS. Other MELS staff members will not have access to your information.

How are we securing your information at MELS: All financial documents that you provide will be scanned and saved to a flash drive (not to the computer directly) and paper copies will be kept in individual students folders in a locked cabinet. The flash drive stays in the College/Career Office, which is locked each night and whenever the counselor is not in the office.

Other important information: You, your family members, or your child's immigration status will not be released to the United States Citizenship and Immigration Services.

We understand that financial documents are very sensitive. You may drop off hard copies in person or send electronic copies as an attachment to Ms. Benzvi at jbenzvi@metropolitannels.com. If you do not have electronic copies, we will teach students to use their phones to create electronic versions of the documents. The 2023 Taxes (Federal & State) and all 2023 W2 and 1099 forms will help us best as we support your child in applying for scholarships and financial aid. If you have any questions or concerns, you may contact Ms. Benzvi at the below phone number. Thank you and we look forward to helping your family navigate this process!

Sincerely,

Ms. Jasmine Benzvi, 12th Grade Counselor & College Advisor
718-286-3505, jbenzvi@metropolitannels.com

Queridos padres:

Metropolitan Expeditionary Learning School, 91-30 Metropolitan Avenue, Forest Hills, NY 11375
Tel: 718-286-3500, Fax: 718-286-3501, www.metropolitannels.com



A medida que su hijo se acerca a su último año en la escuela secundaria, el departamento de orientación universitaria y profesional solicita información financiera sobre su hijo, usted y otros miembros de la familia. Entendemos que puede sentirse incómodo al divulgar esta información confidencial a su hijo y a nosotros. Por lo tanto, queremos informarle por qué solicitamos esta información, a quién se le entregará y cómo la protegemos en MELS.

Por qué: Nos gustaría ayudar a su hijo/a recibir asistencia financiera y becas. Si usted nos da su información financiera, sería mucho más fácil ayudar a su hijo/a en este proceso. Con su información financiera, podemos estimar la cantidad de ayuda financiera que su hijo/a puede calificar. Algunas cosas que nosotros podemos saber inmediatamente es si su hijo/a califica para la Beca Excelsior (matricula gratis de Nueva York) y para ingresar a ciertos programas. También, su información nos puede ayudar a determinar si su hijo/a califica para no pagar las aplicaciones universitarias.

A quién se le entregará: Su hijo entregará la información sobre los ingresos de la familia a los colegios/universidades a los que solicita, el Departamento de Educación de los Estados Unidos (para completar la Solicitud Gratuita de Ayuda Federal para Estudiantes-FAFSA), y al Departamento de Universidades y Carreras de MELS. Otros miembros del personal de MELS no tendrán acceso a su información.

¿Cómo aseguramos su información en MELS? Todos los documentos financieros que usted entregue se copiarán y se guardarán en un archivo electrónico (una memoria USB) y las copias en papel se guardarán en las carpetas individuales de los estudiantes en un gabinete cerrado. La memoria USB permanece en la Oficina de Universidades/Carreras, la cual está cerrada con llave todas las noches y cuando la consejera no está en la oficina.

Otra información importante: Usted, los miembros de su familia o el estatus migratorio de su hijo/a no será compartido a los Servicios de Ciudadanía e Inmigración de los Estados Unidos.

Entendemos que documentos financieros son documentos confidenciales y muy sensibles. Si decide compartir esta información, por favor envíe copias de sus impuestos del 2023 (federales y estatales) y todos los formularios W2 y 1099 del 2023. Si tiene copias electrónicas de estos documentos, por favor envíalos al correo electrónico de la Sra. Benzvi: jbenzvi@metropolitannels.com. Si no tiene copias electrónicas, enseñaremos a su hijo/a a crear versiones electrónicas de estos documentos con sus teléfonos celulares.

Si no quiere mandar una copia electrónica de estos documentos y prefiere mandar una copia en papel, lo puede entregar directamente a la Sra. Benzvi en la escuela o puede mandar a su hijo/a con los documentos y ellos lo pueden entregar a la Sra. Benzvi.

Si tiene alguna pregunta, puede comunicarse con la Sra. Benzvi al siguiente número de teléfono. ¡Gracias y esperamos poder ayudar a su familia a navegar este proceso!

Atentamente,
Jasmine Benzvi, Consejera universitario y profesional
718-286-3505, jbenzvi@metropolitannels.com

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Document Checklist/ Lista de Documentos

☐ 2023 Federal taxes (1040)- all pages and schedules/ 2023 Impuestos federales (todas las páginas)

Form 1040		Department of the Treasury—Internal Revenue Service		2022		OMB No. 1545-0074		IRS Use Only—Do not write or staple in this space.	
Filing Status Check only one box.		☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ 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:							
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.		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. ☐ You ☐ Spouse	
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					
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):		(4) Check the box if qualifies for (see instructions):							
(1) First name Last name		(2) Social security number		(3) Relationship to you		Child tax credit		Credit for other dependents	
If more than four dependents, see instructions and check here . . . ☐						☐		☐	
						☐		☐	
						☐		☐	
						☐		☐	
						☐		☐	
						☐		☐	
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							
		i Nontaxable combat pay election (see instructions) 1i							
		z Add lines 1a through 1h 1z							
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 instructions.		2a Tax-exempt interest 2a		b Taxable interest 2b					
Attach Sch. B if required.		3a Qualified dividends 3a		b Ordinary dividends 3b					
		4a IRA distributions 4a		b Taxable amount 4b					
		5a Pensions and annuities 5a		b Taxable amount 5b					
		6a Social security benefits 6a		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 ☐							
		8 Other 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** (2022)



☐ 2023 State Taxes (IT-201)/ 2022 impuestos estatales



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2021, through December 31, 2021, or fiscal year beginning ... **21**
and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mm/dd/yyyy)	Your Social Security number
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mm/dd/yyyy)	Spouse's Social Security number
Mailing address (see instructions, page 12) (number and street or PO Box)			Apartment number	New York State county of residence
City, village, or post office			State	ZIP code
Country			School district name	
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route)			Apartment number	School district code number
City, village, or post office			State	ZIP code
Decedent information			Taxpayer's date of death (mm/dd/yyyy)	Spouse's date of death (mm/dd/yyyy)
NY				

A Filing status

(mark an X in one box):

- ① ☐ Single
② ☐ Married filing joint return
(enter spouse's Social Security number above)
③ ☐ Married filing separate return
(enter spouse's Social Security number above)
④ ☐ Head of household (with qualifying person)
⑤ ☐ Qualifying widow(er)

B Did you itemize your deductions on your 2021 federal income tax return? Yes ☐ No ☐

C Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☐

D1 Did you have a financial account located in a foreign country? (see page 13) Yes ☐ No ☐

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) Yes ☐ No ☐

E (1) Did you or your spouse maintain living quarters in NYC during 2021? (see page 13) Yes ☐ No ☐

(2) Enter the number of days spent in NYC in 2021 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 13):

(1) Number of months you lived in NYC in 2021

(2) Number of months your spouse lived in NYC in 2021

G Enter your 2-character special condition code(s) if applicable (see page 13)

H Dependent information (see page 14)

First name	MI	Last name	Relationship	Social Security number	Date of birth (mm/dd/yyyy)

If more than 7 dependents, mark an X in the box. ☐

201001210094



For office use only



☐ 2023 W2 forms (if applicable)

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 Suffix		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

☐ 2023- 1099 Form (if applicable)

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents		OMB No. 1545-0115	
		\$		Form 1099-MISC	
		2 Royalties		(Rev. January 2022)	
		\$		For calendar year 20	
		3 Other income		4 Federal income tax withheld	
		\$		\$	
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds		6 Medical and health care payments	
		\$		\$	
RECIPIENT'S name		7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐		8 Substitute payments in lieu of dividends or interest	
Street address (including apt. no.)		9 Crop insurance proceeds		10 Gross proceeds paid to an attorney	
City or town, state or province, country, and ZIP or foreign postal code		\$		\$	
		11 Fish purchased for resale		12 Section 409A deferrals	
		\$		\$	
		13 FATCA filing requirement ☐		15 Nonqualified deferred compensation	
		\$		\$	
Account number (see instructions)		14 Excess golden parachute payments		17 State/Payer's state no.	
		\$		18 State income	
		16 State tax withheld		\$	
		\$		\$	

Form **1099-MISC** (Rev. 1-2022) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

Miscellaneous Information

Copy 1 For State Tax Department

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