



Berkeley Youth Orchestra

2010-2011 REGISTRATION

It is the goal of the Berkeley Youth Orchestra to ensure that no qualified young musician be prohibited from joining the Berkeley Youth Orchestra due to financial need. To that end, we trust that all applicants will contribute as they can so that BYO can serve as many young musicians as possible.

BYO uses the federal government's Health and Human Services most recent Poverty Guidelines to determine qualification for financial aid and the appropriate level of aid to be offered. Therefore, information from the parents' Federal Income Tax Return is required of applicants.

- Attach First Page only of 2009 Federal Income Tax Return. If married, but filing separately, you must attach copies of the first page of both returns. **Black out** all information except family names, number of dependents and adjusted gross income (example attached).
- It is recommended that you also attach a brief letter detailing financial need.

Member and Parents Information

BYO Member Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Instrument: _____

School Name: _____ School Music Teacher: _____
Private Music Teacher: _____ Phone Number: _____

Father

Mother

Name	_____	_____
Occupation	_____	_____
Employer	_____	_____
Home/Cell	_____	_____
E-Mail	_____	_____

- If you are requesting a partial scholarship, please complete the following statement and attach to this application a check for the balance of tuition that you can pay.

We can pay partial tuition in the amount of \$ _____ and a check for that amount is attached to this application.

- Both parents and members applying for a scholarship must read and sign acknowledgement of the following statement: *If the member listed in this application is awarded an Andrew K. C. Wong Scholarship for Musicianship, I promise that the member will write a personal note of thanks to Mr. Andrew K. C. Wong acknowledging the award and deliver it to the BYO Orchestra Manager within two weeks of award notification.*

Parent

Member

Applicants will be notified via e-mail of the review results , followed by receipt of an award letter that must be signed and returned.

COPY FIRST PAGE - Show circled info, black out all other info

Form **1040** Department of the Treasury—Internal Revenue Service **2009** U.S. Individual Income Tax Return

Label
(See instructions on page 16.)
Use the IRS label.
Otherwise, please print or type.

Your first name and initial Jane A.		Last name Doe
If a joint return, spouse's first name and initial John A		Last name Doe
Home address (number and street). If you have a P.O. box, see page 16. 1234 Main Street		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. My Town, CA		

OMB No. 1545-0074

Your social security number
Sp [Redacted]

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.
 You Spouse

Filing Status
Check only one box.

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here.

4 Head of household with qualifying person. (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying (widower) with dependent child (see page 17)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 19)
John, Jr.	Doe	[Redacted]	Son	<input type="checkbox"/>
Jeanne	Doe	[Redacted]	Daughter	<input type="checkbox"/>

d Total number of exemptions claimed **4**

Boxes checked on 6a and 6b
No. of children on 6c who:
lived with you
did not live with you due to divorce or separation (see page 20)
Dependents on 6c not entered above
Add numbers of lines above

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	[Redacted]
8a	Taxable interest. Attach Schedule B if required	8a	[Redacted]
b	Tax-exempt interest. Do not include on line 8a	8b	[Redacted]
9a	Ordinary dividends. Attach Schedule B if required	9a	[Redacted]
b	Qualified dividends (see page 23)	9b	[Redacted]
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 24)	10	[Redacted]
11	Alimony received	11	[Redacted]
12	Business income or (loss). Attach Schedule C or C-EZ	12	[Redacted]
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	[Redacted]
14	Other gains or (losses). Attach Form 4797	14	[Redacted]
15a	IRA distributions	15a	[Redacted]
b	Taxable amount (see page 25)	15b	[Redacted]
16a	Pensions and annuities	16a	[Redacted]
b	Taxable amount (see page 26)	16b	[Redacted]
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	[Redacted]
18	Farm income or (loss). Attach Schedule F	18	[Redacted]
19	Unemployment compensation	19	[Redacted]
20a	Social security benefits	20a	[Redacted]
b	Taxable amount (see page 27)	20b	[Redacted]
21	Other income. List type and amount (see page 29)	21	[Redacted]
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	[Redacted]

Adjusted Gross Income

23	Archer MSA deduction. Attach Form 8853	23	[Redacted]
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	[Redacted]
25	Health savings account deduction. Attach Form 8889	25	[Redacted]
26	Moving expenses. Attach Form 3903	26	[Redacted]
27	One-half of self-employment tax. Attach Schedule SE	27	[Redacted]
28	Self-employed SEP, SIMPLE, and qualified plans	28	[Redacted]
29	Self-employed health insurance deduction (see page 29)	29	[Redacted]
30	Penalty on early withdrawal of savings	30	[Redacted]
31a	Alimony paid b Recipient's SSN [Redacted]	31a	[Redacted]
32	IRA deduction (see page 31)	32	[Redacted]
33	Student loan interest deduction (see page 33)	33	[Redacted]
34	Jury duty pay you gave to your employer	34	[Redacted]
35	Domestic production activities deduction. Attach Form 8805	35	[Redacted]
36	Add lines 23 through 31a and 32 through 35	36	[Redacted]
37	Subtract line 36 from line 22. This is your adjusted gross income	37	35.000