

VETERAN/MILITARY ID EXAMPLES

Veteran ID



Military ID



VETERAN/MILITARY ID EXAMPLES

DD 214

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME-FIRST NAME MIDDLE NAME		2. SERVICE NUMBER		3. SOCIAL SECURITY NUMBER			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY RA SIG				5a. GRADE, RATE OR RANK SP4	6. PAY GRADE E-4	6. DATE OF RANK DAY MONTH YEAR 29 OCT 69	
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) TEXAS			9. DATE OF BIRTH DAY MONTH YEAR JUN 48		
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER		11. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE			c. DATE INDUCTED DAY MONTH YEAR NA		
	11a. TYPE OF TRANSFER OR DISCHARGE TRF TO USAR (SEE 16)				12. STATION OR INSTALLATION AT WHICH EFFECTED FT DIX NJ			
TRANSFER OR DISCHARGE DATA	e. REASON AND AUTHORITY AR 635-200 SPN 411 EARLY SEP FR OS				4. EFFECTIVE DATE DAY MONTH YEAR 31 MAR 70			
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND SVC BTRY 2D BN 6TH ARTY USAREUR			13a. CHARACTER OF SERVICE HONORABLE		14. TYPE OF CERTIFICATE ISSUED NONE		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED TRF TO USAR CON GP (REINF) USAAC ST LOUIS MO				15. REENLISTMENT CODE RE-1			
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR 10 APR 73		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input checked="" type="checkbox"/> UNENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER		b. TERM OF SERVICE (Years) 3		4. DATE OF ENTRY DAY MONTH YEAR 11 APR 67	
18. PRIOR REGULAR ENLISTMENTS NONE		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PV-1		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) SPOKANE WASHINGTON				
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RD, City, County, State and ZIP Code)		22. STATEMENT OF SERVICE						
23a. SPECIALTY NUMBER & TITLE 36K20 WIREMAN		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 829.281 WIREMAN MAINT		c. CREDITABLE FOR BASIC PAY PURPOSES		d. TOTAL ACTIVE SERVICE		
				(1) NET SERVICE THIS PERIOD 2 11 20		(2) OTHER SERVICE 0 0 0		
				(3) TOTAL (Line (1) plus Line (2)) 2 11 20		e. FOREIGN AND/OR SEA SERVICE SEE 30 1 9 26		
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED GOOD CONDUCT MEDAL NATIONAL DEFENSE SERVICE MEDAL VIETNAM SERVICE MEDAL SHARPSHOOTER M-14 SHARPSHOOTER M-16								
25. EDUCATION AND TRAINING COMPLETED ATP 21-114 CODE OF COND C B R TNG RVN TNG WIREMAN 8 WKS 67								
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Providing Two Years) NA		27a. DAYS ACCRUED LEAVE PAID NA		27b. INSURANCE IN FORCE (UNSL or USGL) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28. AMOUNT OF ALLOTMENT NA	
			28. VA CLAIM NUMBER C- NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE			4. MONTH ALLOTMENT DISCONTINUED NA
REMARKS	30. REMARKS BLOOD GP 0 8 YRS ELEM (GEN) USARPAC VIETNAM 22 OCT 67 - 20 OCT 68 USAREUR GERMANY 3 JUN 69 - 5 APR 70							
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code)				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED			
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER CPT FA ASST CHIEF ENL BRANCH				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN			

FINANCIAL NEED - INCOME VERIFICATION

TAX RETURN

Form 1040EZ		Department of the Treasury—Internal Revenue Service Income Tax Return for Single and Joint Filers With No Dependents (99)		2015		OMB No. 1545-0074	
Your first name and initial Ruben		Last name Robles		Your social security number 6 1 1 5 5 2 4 0			
If a joint return, spouse's first name and initial Maria I.		Last name Castro		Spouse's social security number 6 0 1 5 1 2 1 5 4			
Home address (number and street), if you have a P.O. box, see instructions. 822 West 42nd Place				Apt. no.		▲ Make sure the SSN(s) above are correct.	
City, town or post office, state, and ZIP code, if you have a foreign address, also complete spaces below (see instructions). Los Angeles CA 90037				Foreign country name		Foreign province/state/country	
				Foreign postal code		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment.	1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	58927	0		
	2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	0	0		
	3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3	0	0		
	4	Add lines 1, 2, and 3. This is your adjusted gross income .	4	58927	0		
	5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,300 if single; \$20,600 if married filing jointly . See back for explanation.	5	20600	0		
	6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6	38327	0		
Payments, Credits, and Tax	7	Federal income tax withheld from Form(s) W-2 and 1099.	7	4883	0		
	8a	Earned income credit (EIC) (see instructions)	8a	0	0		
	8b	Nontaxable combat pay election.	8b				
	9	Add lines 7 and 8a. These are your total payments and credits .	9	4883	0		
	10	Tax . Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	4821	0		
Refund Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.	11	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	11	0	0		
	12	Add lines 10 and 11. This is your total tax .	12	4821	0		
	13a	If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	13a	62	0		
	b	Routing number 3 2 2 2 7 1 6 2 7	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number 6 9 4 7 3 0 1 8 2 6						
14	If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe . For details on how to pay, see instructions.	14					
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No						
Sign Here	Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.						
Joint return? See instructions. Keep a copy for your records.	Your signature <i>Rubens Robles</i>	Date 02/13/2016	Your occupation Commercial Trucking	Daytime phone number (323) 921-3030			
	Spouse's signature, if a joint return, both must sign. <i>Maria Castro</i>	Date 02/11/2016	Spouse's occupation None	If the IRS sent you an Identity Protection PIN, enter it here (see instructions)			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN		
	Firm's name	Firm's EIN		Phone no.			
	Firm's address						



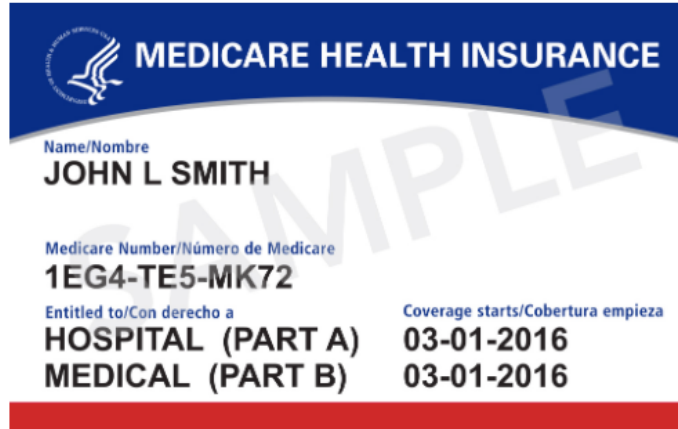
FINANCIAL NEED - INCOME VERIFICATION

PAY STUB

Some Corporation 123 Somewhere Drive Durham, NC 12345		1	Earnings Statement Hope Marie Kingsley 8670 Rogerson Drive Durham, NC 27701		2
Employee ID number	98856				3
Job title	Administrative Assistant				
Social security number	123-45-6789				
Department number	K7890				
Pay period	01/06/03 - 01/17/03				
Pay date	01/17/03				
Taxable Marital Status	Married				4
Exemptions/Allowances					
Federal	2				
State	2				
Earnings					5
rate	hours	this period	year to date		
1200.00	80.00	1200.00	9600.00		
Gross pay		1200.00	9600.00		
Deductions					6
Federal income tax		121.99	975.92		
State income tax		79.68	637.44		
Social Security tax		18.64	149.12		
Medicare tax		65.63	525.04		
Health		76.58	612.64		
Dental		26.56	212.48		
Retirement*		150.00	1200.00		
Net pay		660.92		* Excluded from federal taxable wages	7

MEDICARE/MEDICAID EXAMPLES

MEDICARE



MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

A large, light blue watermark reading "SAMPLE" is overlaid diagonally across the center of the card.

MEDICAID



ARKANSAS MEDICAID PROGRAM

9999999101

L NAME F NAME

DOB MM-DD-YYYY

ISSUED
08-01-2001

SIGNATURE

VALID WITHOUT PHOTO

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The card features a large watermark of the state of Arkansas on the left side and the official seal of the Arkansas Department of Health on the right side.