

**2016-2017 Dependent**

**Verification Worksheet (V6)**

Office of Financial Aid &

Student Campus Employment

PO Box 5049, Greeneville, TN 37743

1.800.729.0256 ext. 5377; Fax: 615.250.4968

Email: [financialaid@tusculum.edu](mailto:financialaid@tusculum.edu)

|  |
| --- |
| Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called Verification. The school will compare information from your FAFSA with 2015 Federal IRS Tax data, this form, and any other requested documents. If there are any differences between your FAFSA information and your documents Tusculum College may make or ask you to make corrections. If the corrections lend to changes in your aid eligibility a revised award letter will be sent. Any corrections made will generate an updated Student Aid Report (SAR).  You and at least one parent must complete, sign and submit this worksheet along with any required documents to the Tusculum College Office of Financial Aid. After reviewing your file you may be asked for additional information. The law says that we have the right to ask you for this information before disbursing Federal Student Aid.  ***SUBMISSION DEADLINE: June 1, 2016 Verification paperwork received after this deadline may cause a delay in the processing of funds to your***  ***student account and cause a hold on your registration.***  If you have questions about this process, please contact the Office of Financial Aid as soon as possible to prevent delays. |

1. **Dependent Student’s Information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Last Name Student’s First Name Student’s M.I. Student’s Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Street Address (include apt. no.) School Assigned ID Number (if known)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code Student’s Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Email Address Student’s Home or Cell Phone Number

1. **Dependent Student’s Family Information**

***A dependent student’s legal parents, regardless of marital status or gender, are required to provide information on the FAFSA if they live together***. List the people in your parent(s)’ household, include:

* Yourself.
* Your biological or adoptive parent(s) (including step-parent) regardless of marital status in they live together in the same household, even if you do not live with your parents. In the case of divorce, include the parent from which more of your financial support was provided (even if you do not live with them)
* Your parent(s)’ other children, even if they do not live with your parent(s), **if**:

a) Your parents will provide more than half of their support through June 30, 2017 **or**,

b) The children would be required to provide parental information when applying for Federal Student Aid.

* Other people if they now live with your parent(s) and your parent(s) **provide more than half of their support** and will continue to provide more than half of their support through June 30, 2017 (exclude foster children).

Write the names of all household members in the spaces below. Also, write in the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2016, and June 30, 2017. *If more space is needed, attach a separate page with the student’s name and Social Security Number at the top*.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Date of Birth | Relationship | College  (Will be Enrolled at Least Half Time) |
|  |  | *Self* | Tusculum College |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Verification of 2015 Income Information for Individuals with Unusual Circumstances**

**Individuals Granted a Filing Extension by the IRS**

An individual who is required to file a 2015 IRS income tax return and has been granted a filing extension by the IRS, must provide:

* A copy of IRS Form 4868, ‘‘Application for Automatic Extension of Time to File U.S. Individual Income Tax Return,’’ that was filed with the IRS for tax year 2015;
* A copy of the IRS's approval of an extension beyond the automatic six-month extension if the individual requested an additional extension of the filing time for tax year 2015; ***and***
* A copy of IRS Form W–2 for each source of employment income received for tax year 2015 and, if self-employed, a signed statement certifying the amount of the individual’s Adjusted Gross Income (AGI) and the U.S. income tax paid for tax year 2015.

**Individuals Who Filed an Amended IRS Income Tax Return**

An individual who filed an amended IRS income tax return for tax year 2015 must provide:

* A **2015 IRS Tax Return Transcript** or any other IRS tax transcript(s) that includes all of the income and tax information required to be verified; ***and***
* A signed copy of the 2015 IRS Form 1040X, “Amended U.S. Individual Income Tax Return,” that was filed with the IRS.

**Individuals Who Were Victims of IRS Tax-Related Identity Theft**

An individual who was the victim of IRS tax-related identity theft must provide:

* A Tax Return DataBase View (TRDBV) transcript obtained from the IRS, or any other IRS tax transcript(s) that includes all of the income and tax information required to be verified; ***and***
* A statement signed and dated by the tax filer indicating that he or she was a victim of IRS tax-related identity theft and that the IRS is aware of the tax-related identity theft.

**Individuals Who Filed Non-IRS Income Tax Returns**

An individual who filed or will file a 2015 income tax return with the relevant taxing authority of a U.S. territory, commonwealth, or with a foreign central government must provide:

* A transcript that was obtained at no cost from the relevant taxing authority of a U.S. territory (Guam, American Samoa, the U.S. Virgin Islands) or commonwealth (Puerto Rico and the Northern Mariana Islands), or a foreign central government, that includes all of the tax filer’s income and tax information required to be verified for tax year 2015; **or**
* If a transcript cannot be obtained at no cost from the relevant taxing authority, a signed copy of the 2015 income tax return(s).

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Verification of 2015 IRS Income Tax Return Information (Parent and Student)**

**Acceptable documentation: 2015 FAFSA IRS Data Retrieval (IRS DRT) or 2015 Federal Tax Return Transcript. Signed copies of tax forms are not acceptable documentation.**

2015 IRS Data Retrieval (IRS DRT) through the FAFSA on the web*.* This is the best way to verify income.

1. Go to FAFSA.gov, log in to the student’s FAFSA record, select “Make FAFSA Corrections,”
2. Navigate to the Financial Information section of the form. From there, follow the instructions to determine if the student and/ or parent is eligible to use the IRS DRT.

* If the parents filed separate 2015 tax returns, the IRS DRT cannot be used and the 2015 IRS Tax Return Transcript must be provided for each.

**3).** To obtain an IRS tax return transcript:

1. Online Request- Go to [www.IRS.gov](http://www.IRS.gov), under the Tools heading on the IRS webpage, click “Get Transcript by MAIL.” Make sure to request the “IRS Tax Return Transcript” and **NOT** the “IRS Tax Account Transcript.”
2. Telephone Request- 1-800-908-9946. Make sure to request the “IRS Tax Return Transcript.”
3. Paper Request Form-IRS Form 4506T-EZI or IRS Form 4506-T

It takes 2-3 weeks for a 2015 IRS Tax Transcript to be available for electronic IRS tax return filers, and 8-11 weeks for paper IRS tax return filers**.** It can take up to 10 business days to receive an IRS Tax Return Transcript.

1. **TAX RETURN FILERS**—If the student or parent filed or will file a 2015 IRS tax return, please complete this section. If parents are married tax information is required for both parents-this includes step-parent.

**Check the box that applies – Student, Parent or Both:**

🞏 Student 🞏 Parent The student and/or parent **has used the IRS DRT** in FAFSA on the Web to transfer 2015 IRS income tax return information to the FAFSA.

🞏 Student 🞏 Parent The student and/or parent **has not yet used the IRS DRT** in FAFSA on the Web, but will use the tool

to transfer 2015 IRS income tax return information to the FAFSA once the 2015 IRS income tax return has been filled.

🞏 Student 🞏 Parent The student and/or parent is unable or chooses not to use the IRS DRT in FAFSA on the Web, and

instead will provide the school with a **2015 IRS Federal Tax Return Transcript—***not* a copy of the

income tax return.

🞏 Student 🞏 Parent The IRS tax return transcript is attached to this worksheet.

🞏 Student 🞏 Parent The IRS tax return transcript will be submitted on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Estimated date)

1. **Verification of Income Earned and Other Untaxed Income for 2015** :

Provide copies of all 2015 IRS W-2 forms received for the student and/or parent. The W-2 is used to determine the correct amount of income earned from work and the untaxed income shown in the boxes 12a through 12d.

🞏 Student 🞏 Parent The IRS W-2’s are attached to this worksheet.

🞏 Student 🞏 Parent The IRS W-2’s will be submitted on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Estimated date)

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **IF YOU OR YOUR PARENT WILL NOT FILE AND ARE NOT REQUIRED TO FILE** — Complete this section if the student and /or parent will not file and are not required to file a 2015 income tax return with the IRS. Financial Aid is required by the Dept. of Education to review all income whether a tax return is completed or not. W-2’s are needed to verify income correctly.

**Section A: Check the box that applies – Student, Parent or Both:**

🞏 Student 🞏 Parent Were not employed and had no income earned from work in 2015.

🞏 Student 🞏 Parent Were employed in 2015 (did not and are not required to file a tax return).

**Section B**: **2015 IRS W-2 Forms**: If you will not file and are not required to file a tax return, list below the names of all the student’s and/or parent’s employers and the amount earned from each employer in 2015. Please attach copies of all 2015 W-2 forms issued by employers. *List every employer even if they did not issue a W-2 form.* *If more space is needed, attach a separate page with the student’s name and Social Security Number at the top*.

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name or Parent’s Name | Employer’s Name | 2015 Amount Earned | IRS W-2 Provided? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | *Total Amount of Income Earned* | *$* |  |

1. **Verification of Child Support Paid in 2015**

Complete this section if the student and/or parent(s) **paid** child support in 2015.

Please indicate below the name of the person who paid the child support, to whom the child support was paid, the names of the

children for whom child support was paid, and the total **annual** amount of child support paid in 2015 per child. If you need more

space, attach a separate page that includes the student’s name and Social Security Number at the top.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Person Who Paid Child Support | Name of Person to Whom Child Support was Paid | Name of Child for Whom Support Was Paid | AGE | Amount of Child Support Paid in 2015 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | Total Amount of Child  Support Paid |  | $ |

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1. **SNAP** **(Supplemental Nutrition Assistance Program - formerly known as food stamps)** **Benefits Confirmation**

🞏 One of the persons listed in Section B of this worksheet received SNAP benefits in 2014 or 2015

🞏 No SNAP benefits were received in 2014 or 2015 by any one listed in Section B

**\*\*\*Please continue to page 5 to complete Section F \*\*\***

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Other Untaxed income not on an IRS Tax Return**

Please complete this section indicating that amount of money received for the entire 2015 tax year if any of these untaxed items apply to student’s and/or parent’s income:

* + 1. **If any item does not apply,** enter N/A for Not Applicable where a response is requested, or enter 0 (zero) in an area where an amount is requested.
    2. If the student was required to provide parental information on the FAFSA, answer each question below as it applies to the student and the student’s parent(s) whose information is on the FAFSA.
    3. If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and student’s spouse, if married).
    4. **To determine the correct annual amount for each item:** If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received that amount. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month during 2015
    5. If more space is needed, provide a separate page with the student’s name and ID number at the top.
    6. **REMINDER:** Submit all W-2’s for the parent and the student.

**A)** **Payments to tax-deferred pensions and retirement savings**

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (ex. 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

|  |  |
| --- | --- |
| Name of Person Who Made the Payment | Annual Amount Paid in 2015 |
|  |  |
|  |  |
|  |  |
| Total Payment to Tax-deferred Pension and Retirement Savings | **$** |

**B) Child Support Received**

List the actual amount of any child support received in 2014 for the children in your household. **Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Adult Who Received the Support | Name of Child for Whom Support Was Received | Age | Amount of Child Support Received in 2015 |
|  |  |  |  |
|  |  |  |  |
| Total Amount of Child Support Received |  |  | $ |

**C) Housing, food, and other living allowances paid to members of the military, clergy, and others**

Include cash payments and/or the cash value of benefits received. **Do not include** the value of on-base military housing or the value of a basic military allowance for housing.

|  |  |  |
| --- | --- | --- |
| Name of Recipient | Type of Benefit Received | Annual Amount of Benefit Received in 2015 |
|  |  |  |
|  |  |  |
| Total Amount of Benefits Received |  | $ |

**\*\*\*Please continue to page 6 to complete Section F \*\*\***

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D**) **Veterans non-education benefits**

List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Do not include** federal veterans’ educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, or the Post-9/11 GI Bill.

|  |  |  |
| --- | --- | --- |
| Name of Recipient | Type of Veterans Non-education Benefit | Annual Amount of Benefit Received in 2015 |
|  |  |  |
|  |  |  |
| Total Amount of Benefits Received |  | $ |

**E) Other Untaxed Income**

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as worker’s compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc... **Do not include** any items reported or excluded in A-D above. In addition, **do not include** extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) educational benefits, on base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (ex. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

|  |  |  |
| --- | --- | --- |
| Name of Recipient | Type of Other Untaxed Income | Annual Amount of Other Untaxed Income Received in 2015 |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Amount of Other Untaxed Income |  | $ |

**F) Money received or paid on the student’s behalf**

List any money received or paid on the student’s behalf (ex. payment of student’s bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information **was not** reported on the student’s 2016-2017 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person’s contributions **unless the person is the student’s parent whose information is reported on the student’s 2016-2017 FAFSA.** Amounts paid on the student’s behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student’s parents, such as grandparents, aunts, and uncles of the student.

|  |  |  |
| --- | --- | --- |
| Purpose: e.g., Cash, Rent, Books | Source | Annual Amount Received in 2015 |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total Amount Received | $ |

**\*\*\*Please continue to page 7 to complete Section G \*\*\***

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**G) Verification of Other Untaxed Income**

Provide information about any other resources, benefits, and other amounts received by the student and any other members of the student’s household. This may include items that were not required to be reported on the FAFSA or other forms to the financial aid office, and includes such things as federal veterans’ education benefits, military housing, SNAP, TANF, etc. If more space is needed, provide a separate page with the student’s name and ID number at the top

|  |  |  |
| --- | --- | --- |
| Name of Recipient | Type of Financial Support | Annual Amount of Financial Support Received in 2015 |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Amount of Financial Support Received |  | $ |

*If the student is unable to obtain the documentation listed above, he or she must contact the Office of Financial Aid.*

1. **Certification and Signatures**

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

The student and one parent must sign and date.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date

***Submit this worksheet to the Tusculum College Office of Financial Aid. You should make a copy of this worksheet for your records.***

Note: If we have reason to believe that any information on this form is inaccurate we may require supplemental documentation.