2015-16 Verification Worksheet – Independent

KSC Financial Aid Office/ Federal Student Aid Programs

I-V6

You have been selected for a process called verification. **Verification requires that you complete, sign, and return both sides of this worksheet and provide 2014 IRS tax transcripts, as well as W-2 forms from all employers, to the Financial Aid Office (FAO) within 30 days of your receipt of this request.** You will be notified in writing if additional information is required. **Please print**.

SECTION A:

Student's Name (Last, First, MI) _____ **Student ID #** _____

Please Note: The FAO is required to verify that the tax information on your FAFSA is accurate. For this process to be completed, you must either (1) use the IRS Data Retrieval Tool (DRT) online at www.FAFSA.ed.gov *without manually adjusting any tax data elements after the retrieval process* or (2) provide signed copies of your 2014 **Federal Tax Return Transcripts** which *you* must request directly from the IRS. Please complete a *Non-Tax-Filer Statement* if you did not, and were not required to, complete a 2014 U.S. Income Tax Return. These forms and more information about the DRT are available online at: www.keene.edu/admissions/aid > Resources

SECTION B:

Please list the people whom you will support between July 1, 2015 and June 30, 2016.

Include:

- Yourself (and your spouse)
- Your children, if you will provide more than half of their support between July 1, 2015 and June 30, 2016 OR you are listed as the parent on the dependent child(ren)'s FAFSA.
- Other people if they now live with you, you provide more than half of their support *and* you will continue to provide more than half of their support between July 1, 2015 and June 30, 2016.

PLEASE LIST ALL FAMILY MEMBERS IN THE HOUSEHOLD for 2015-2016

Full Name	Age	Relationship to Student	College/University Attending for 2015/16	At least Half-time Y/N	Graduate or Undergrad Program?
		Self	Keene State College		

NOTE: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

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For all following sections: If any item does not apply, enter "N/A" for Not Applicable where a response is requested or enter "0" in an area where an amount is requested. ***Incomplete forms will not be accepted.***

SECTION C: Student's 2013 Untaxed Income and Benefits – Amounts Received in 2014

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

Name of Person Who Made the Payment	Total Amount Paid in 2014

2. **Child Support received—**List the *actual* amount of *any* child support received *in total for 2014* for *all* 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	Amount of Child Support Received in 2014

3. **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	Amount of Benefit Received in 2014

4. **Veterans non-education benefits—**List the total amount of veterans non-education benefits received in 2014. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. Do not include federal veteran's educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.

Name of Recipient	Type of Veterans Benefit	Amount of Benefit Received in 2014

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SECTION D (Continued): Student's 2014 Untaxed Income and Benefits – Amounts Received in 2014

5. **Other Untaxed Income—**List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' 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 already reported or excluded above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Amount Received in 2014

6. **Money received or paid on the student's behalf—**List any money received or paid on the student's behalf (e.g. payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2014. 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	Amount Received in 2014	Source

7. **Education Credits** (American Opportunity Tax Credit and Lifetime Learning Tax Credit): From IRS form 1040 – Line 49 or 1040A – Line 31.

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8. **IRA deductions and payments to Self Employed SEP, SIMPLE, Keogh and other qualified plans:** From IRS form 1040 – Line 28 + Line 32 or 1040A – Line 17.

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9. **Tax Exempt Interest Income**: From IRS form 1040 – Line 8b or 1040A – Line 8b.

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NOTE: Be sure to attach copies of your W-2 forms from all employers.

SECTION E (*Required*):

Sign and return this worksheet. By signing this worksheet, you certify that all of the information provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of what has been reported on this form. *If you purposely give false or misleading information, you may be fined up to $20,000, sent to prison, or both.*

Student's Signature	Date	Spouse's Signature	Date

You must return this worksheet within 30 days of receipt to avoid INACTIVE status.
***For more information, visit us online at* www.keene.edu/admissions/aid.**

Financial Aid Office– Keene State College, 229 Main Street, Keene, NH 03435-2606
Phone: 603-358-2280 – Fax: 603-358-2794 – Web: www.keene.edu/admissions/aid