

Office of Student Financial Aid Verification Worksheet 2019-2020

Your 2019—2020 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid award will not be delayed.

				XXX	
Student Last Name	Student First Name		MI		Last 6 digits only
Email Address					
Permanent Address (include	de apt #)	City		State	Zip Code
Home Telephone Number	(include area code)			Cell Number (include	area code)
•	e check the appropriate book List the names of all If additional space	x and include on	<u>who reside</u>	in the household	
☐ Depe	endent Students (List yourself	f first under "Self")	☐ Inc	dependent Stud	ents (List yourself first.)
parents' de household	ourself, your parent(s) including step- pependent children, and other people li , if your parent(s) will provide more to ort from July 1, 2019 through June 30	iving in the than half of	and any	other individuals tha	e (if married), your children t you will provide more than y 1, 2019 through June 30,
(excluding	ne name of the college for any family gyour parent(s) who will be attending rogram at least half-time between July 10, 2020.	g college in	who wi	ll be attending college	ege for any family member e in a degree program at 1, 2019 and June 30, 2020.

Full Name	Age	Relationship	College Attending for 2019-2020	Date of Birth
		Self	NC A&T State University	

Name	XXX			
	Banner ID Last 6 digits only			
STEP 2:	Tax Forms and Income Information			
the IRS Data Retrieval calling 1-800-908-994				
	the appropriate box. Copies of tax returns (1040, 1040A & 1040EZ) are not acceptable documentation for UST BE A TAX RETURN TRANSCRIPT FROM IRS)			
<u>Γο</u> Be Completed by <u>STU</u>	DENT (Dependent/Independent): (Please check the appropriate box)			
I filed a 2017 Federal Inco	ome Tax Return and used the IRS Data Retrieval or I am attaching a copy of my 2017 IRS Tax Return Transcript.			
My spouse and I filed a se	parate 2017 Federal Income Tax Return. (A copy of the spouse 2017 IRS Tax Return Transcript must be submitted)			
Have you filed an amende	ed tax return for 2017? If yes, I am attaching a copy of the tax return transcript and signed 1040X.			
I will not file and am not r	required to file a 2017 Federal Income Tax Return. (Provide a copy of IRS Non-Tax Filing Form			
Independent Student	s Only)			
	nd not required to file a Federal tax return. (SUBMIT all 2017 W2's if earned income from work and S Non-Tax Filing Form. Independent Students must provide IRS Non-Tax Filing Form)			
<u>Го</u> Be Completed By <u>PAI</u>	RENT(S): (Please check the appropriate box)			
=	ome Tax Return and used the IRS Data Retrieval or I am attaching a copy of my/our 2017 IRS Tax Return Transcript.			

To Be Completed By PARENT(S): (Please check the appropriate box)

I filed a 2017 Federal Income Tax Return and used the IRS Data Retrieval or I am attaching a copy of my/our 2017 IRS Tax Return Transcript.

My spouse and I filed a separate 2017 Federal Income Tax Return. (A copy of the spouse 2017 IRS Tax Return Transcript must be submitted)

Have you filed an amended tax return for 2017? If yes, I am attaching a copy of the tax return transcript and signed 1040X.

I/We will not file and am not required to file a 2017 Federal Income Tax Return. (Provide a copy of IRS Non-Tax Filing Form)

I/We were employed in 2017 and not required to file a Federal tax return. (SUBMIT all 2017 W2's if earned income from work and provide a copy of IRS, Non-Tax Filer Form)

For Non-Tax Filer (Parent(s) Only) If your parents did not file a 2017 tax return please submit a copy of their 2017 Non-Filer Letter from the IRS.

For Non-Tax Filer (Independent Student/Spouse Only) If you and your spouse did not file a 2017 tax return please submit a copy of you and your spouse 2017 Non-Filer Letter from the IRS.

Instructions for obtaining an IRS Verification of Non-Filing Letter:

All non-tax filers are required to provide an IRS Verification of Non-Filing Letter dated on or after October 1, 2018 that indicates that a 2017 IRS income tax return was not filed with the IRS. After receiving the Verification of Non-Filing Letter from the IRS, include the student's Banner ID, then submit to the Student Financial Aid Office.

- Paper Request Form- IRS Form 4506-T- complete lines 1-4, check box 7, enter 12/31/2017 for box 9, check signatory attestation box, sign, date, and submit to the IRS as instructed. Mail or fax to your respective IRS location depending upon your state of residence as shown on page 2 of the 4506-T form.
- Online Request Go to www.IRS.gov/transcript, and then choose either "Get Transcript Online" or "Get Transcript by Mail." Get transcript online will give you instant delivery via PDF, whereas get transcript by mail you will receive a copy within 5-10 business days. Make sure to request a 2017 Verification of Non-Filing Letter.
- **Telephone Request** 1-800-908-9946, after following prompts, select option 2 to request an IRS Verification of Non-Filing Letter and then enter "2017."

Name	XXX
	Banner ID Last 6 digits only

STEP 3: Student and Parent's 2017 Untaxed Income

Independent Student: Please indicate below any of the following that apply to you (and your spouse) for the 2017 tax year.

Dependent Student: Please indicate below any of the following that apply to you and **your parent(s)** for the 2017 tax year.

If left blank, the value is assumed to be "0" for processing.

If left blank, the value is assumed to be "0" for processing.					
Name of Employer or Sources of Untaxed Income	Student/Spouse	Parent			
Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. Do not include amounts reported in code DD (employer contributions toward employee health benefits).	\$	\$			
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.	\$	\$			
Child support received for any of your parents' children. (yearly amount) Do not include foster care or adoption payments.	\$	\$			
Tax exempt interest income from IRS Form 1040 - line 8b or 1040A - line 8b.	\$	\$			
Untaxed portions of IRA distributions from IRS Form 1040 - lines (15a minus 15b) or 1040A - lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$	\$			
Untaxed portions of pensions from IRS Form 1040 - lines (16a minus 16b) or 1040A - lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$	\$			
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or the value of a basic military allowance for housing. (yearly amount)	\$	\$			
Veterans' non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. (yearly amount)	\$	\$			
Other untaxed income not reported in items 45a through 45h, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. Do not include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$	\$			
Earnings from work under a cooperative education program offered by a college. (yearly amount)	\$	\$			
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form (yearly amount). Combat pay or special combat pay. Only enter the amount that was taxable and included in your parents' adjusted gross income. Do not enter untaxed combat pay.	\$	\$			
Education credits (American Opportunity, Hope or Lifetime Learning tax credits) from IRS Form 1040—line 50 or 1040A—line 33.	\$	\$			
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment.	\$	\$			
Taxable student grants and scholarship aid reported to IRS in you and/or your parents adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship, portions of fellowships and assistantships.	\$	\$			

Name	XXX								
		(Please Check All Applicable Boxes Below)							
	• Child Support - Did		parents listed in the househores, complete the sect		ld support in 2017?				
	Name of Person Who Paid Child Support	Name of Person to Whom Child Support Was Paid	Name of Child for Whom Support Was Paid	Date of Birth for Whom Child Support Was Paid	Yearly Amount of Child Support Paid in 2017				
	•				\$				
					\$				
					\$				
					\$				
		STEP 5	5: Required Signatures						
		(Certification						
By sign	ning below, each person co	ertifies that all the inform	nation reported on this form	is complete and cor	rect.				
Warni both.	ng: If you purposely give	false or misleading info	ormation on this workshee	t, you may be fined,	sentenced to jail, o				
	<u>Please provi</u>	de a hand-written sign	nature (not a computer-g	generated signatur	<u>e)</u>				
Studen	t Signature		Date						
Parent	Signature(For depen	ndent students)	Date	Relat	ionship to Student				
	,	,	ax completed form to:		1				

North Carolina Agricultural and Technical State University
Office of Student Financial Aid
1601 E. Market Street, Room 100
Greensboro, North Carolina 27411
Telephone #: 336-334-7973 Fax #: 336-334-7954

North Carolina Agricultural and Technical State University does not discriminate against employees, students, or applicants based on age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law.

VWKST 2019-2020 UPDATED: 10/24/18