

2017-18 (V1/V5) Dependent Standard Verification



A. Dependent Student Information (Please Print)

Last Name	First Name	SMCC ID#
Address	City	State
		Zip

B. Dependent Student Family Information - List below the people in the parent's household

Full Name	Age	Relationship to Student	College	Will be Enrolled at Least Half Time (Yes or No)
Missy Jones (example)	18	Self	Southwest MS Comm. College	

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

C. Dependent Student Income Information to Be Verified

1) Tax Return Filers - Complete this section if the student filed or will file a 2015 IRS tax return.

Instructions: Complete this section if the student filed or will file a 2015 IRS income tax return.

- IRS DRT was used to transfer 2015 income tax return
 2015 IRS Tax Return Transcript is attached to this form
 2015 IRS Tax Return Transcript will be provided later

2) Non Tax Return Filers - Complete this section if the student will not and is not required to file a 2015 income tax return with the IRS.

Check the box that applies:

- The student was not employed and had no income earned from work in 2015.
 The student was employed in 2015 and has listed below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is provided. List every employer even if the employer did not issue an IRS W-2 form. **[Provide copies of all 2015 IRS W-2 forms issued to the student by their employers]. List every employer even if the employer did not issue an IRS W-2 form.**

Employer's Name	IRS W-2 Provided? (Yes or No)	2015 Amount Earned
Total Amount of Income Earned from work		\$

- Confirmation of non-filing statement from IRS is provided dated on or after Oct. 1, 2016.
 Confirmation of non-filing statement from IRS dated on or before Oct. 1, 2016 will be provided later.

D. Parent's Income Information to Be Verified

1) Tax Return Filers - Complete this section if the students' parent(s) filed or will file a 2015 IRS tax return.

Instructions: Complete this section if the parents filed or will file a 2015 IRS Income Tax Return(s).

- IRS DRT was used to transfer 2015 income tax return
 2015 IRS Tax Return Transcript is attached to this form
 2015 IRS Tax Return Transcript will be provided later

2) **Non Tax Return Filers** – Complete this section if the students’ parent(s) will not and is not required to file a 2015 income tax return with the IRS.

Check the box that applies:

- Neither parent was employed nor had no income earned from work in 2015.
- One or both parents were employed in 2015 and have listed below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is provided. **[Provide copies of all 2015 IRS W-2 forms issued to the parents by their employers]. List every employer even if the employer did not issue an IRS w-2 form.**

Employer’s Name	IRS W-2 Provided? (Yes or No)	2015 Amount Earned
Total Amount of Income Earned from work		\$

- Confirmation of non-filing statement from IRS is provided dated on or after Oct. 1, 2016.
- Confirmation of non-filing statement from IRS dated on or before Oct. 1, 2016 will be provided later.

3) **Other Untaxed Income:**

Section I – Do you receive any of the following benefits?

- Free or Reduced Price Lunches at School
- Social Security Benefits
- SNAP
- WIC
- TANF
- Medicaid

Section II – Complete this section if the students’ parent **received Child Support**.

Name of Person Who Receives the Support	Name of Child for Whom Support was Received	Amount of Child Support Received in 2015

You may be asked to provide documentation supporting the payments listed above

Section III – Complete this section if the students’ parent **paid Child Support**.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2015

You may be asked to provide documentation supporting the payments listed above

Section IV - Complete this section if you have other untaxed income not listed above.

Name of Recipient	Type of Benefit Received	Annual Amount of Benefit Received in 2015

Certification and Signature

Each person signing below certifies that all of the Information reported is complete and correct.

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

Print Student’s Name _____ Student ID # _____

Student’s Signature _____ Date _____

Parent’s Signature _____ Date _____