



# Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307-3100

DIVISION OF STUDENT AFFAIRS  
OFFICE OF FINANCIAL AID

TELEPHONE: (850) 599-3730  
FAX: (850) 561-2730  
EMAIL: [financialaiddocs@famuedu](mailto:financialaiddocs@famuedu)

## 2019–2020 Verification Worksheet Dependent Student

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 and your parents reported on your FAFSA. To verify that you provided correct information The Office of Financial Aid will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. The school will send corrections electronically to have your information reprocessed. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit to the Office of Financial Aid. You may be asked for additional information. Please submit the worksheet and required documents as soon as possible so that your financial aid will not be delayed.

### A. Dependent Student's Information

\_\_\_\_\_  
Last Name                      First Name                      M.I.

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Street Address (include apt. no.)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City                                  State                                  Zip Code

\_\_\_\_\_  
Email Address

(\_\_\_\_) \_\_\_\_\_  
Home Phone Number (include area code)

(\_\_\_\_) \_\_\_\_\_  
Student's Alternate or Cell Phone Number

### B. Dependent Student's Household Information. List below the people in your **parent(s)' household**.

**Include:**

- Yourself
- Your parent(s) (including a stepparent)
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2019 through June 30, 2020, or if the other children would be required to provide parental information if they were completing a FAFSA for 2019-2020 and,
- 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 from July 1, 2019 through June 30, 2020.
- Write in the name of the college for any noted above, **excluding parent(s)**, who will be attending college at least halftime between July 1, 2019 and June 30, 2020, and will be enrolled in a degree, diploma, or certificate program.

Full Name	Age	Relationship	College	Enrolled at Least Half Time
		<i>Self</i>	<i>Florida A&amp;M University</i>	<i>YES</i>

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

**C. Income Information**

1. **TAX RETURN FILERS** – Complete this section if the student and/or parent, **filed** a **2017** income tax return with the Internal Revenue Service (IRS).

**Check each box that applies:**

- The **PARENT** has used the IRS Data Retrieval Tool to transfer IRS income information into the FAFSA
- The **PARENT** **is unable or will not** use the IRS Data Retrieval Tool. Attach a copy of the parent’s **2017 IRS tax return transcript(s)**—not photocopies of the income tax return.
- The **STUDENT** has used the IRS Data Retrieval Tool to transfer IRS income information into the FAFSA
- The **STUDENT** **is unable or will not** use the IRS Data Retrieval Tool. Attach a copy of the student **2017 IRS tax return transcript**—not photocopies of the income tax return.

*To obtain an IRS tax return transcript go to [www.irs.gov](http://www.irs.gov) and click on the “Order a Return Transcript” or call 1-800-908-9946. Make sure you request the “IRS tax return transcript” and not the “IRS tax account transcript.”*

**Amended Tax** – If the student and/or parent filed, or will file an amended 2017 IRS tax return, the student/parent **must submit** the following documents:

- ✓ A signed copy of the 2017 IRS Form 1040X “Amended U.S. Individual Tax Return
- ✓ 2017 IRS Tax Transcript

**Victims of 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.

2. **TAX RETURN NONFILERS** – Complete this section if the student or parent will not file and is not required to file a 2017 income tax return with the IRS.

**Check each box that applies:**

- The parent(s) was/were not employed and earned no income from work in **2017**.
- The parent(s) was/were employed in **2017** and has listed below the names of all the parent’s employers, the amount earned from each employer and IRS W-2 form is attached. *List every employer even if they did not issue an IRS W-2 form.*

Employer’s Name	Parent Name	2017 Amount Earned	IRS W-2 Attached?
<i>Suzy’s Auto Body Shop (example)</i>	<i>Joe Smith (example)</i>	<i>\$2,000.00 (example)</i>	<i>Yes (example)</i>

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

- The student was not employed and earned no income from work in **2017**.
- The student was employed in **2017** and has listed below the names of all the student's employers, the amount earned from each employer and IRS W-2 form is attached. *List every employer even if they did not issue an IRS W-2 form.*

Employer's Name	Student Name	2017 Amount Earned	IRS W-2 Attached?
<b>Name Auto Body Shop (example)</b>	<b>Joe Smith, Jr. (example)</b>	<b>\$2,000.00 (example)</b>	<b>Yes (example)</b>

**E. Other Information to Be Verified**

1. Complete this section if one of student's parent **paid child support** in **2017**.

- One or both of the student's parents listed in Section B of this worksheet paid child support in 2017. *If you need more space, attach a separate page that includes your 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	Amount of Child Support Paid in 2017
<b>Marty Jones(example)</b>	<b>Chris Smith(example)</b>	<b>Terry Jones(example)</b>	<b>\$6,000.00(example)</b>

**F. Untaxed Income**

**Do not include financial aid, social security benefits, or welfare benefits. Be sure to enter N/A or ZERO for items that do not apply. DO NOT LEAVE THIS AREA BLANK**

	Parent	Student
Payments to tax-deferred pension, amounts reported on the W-2 forms in Boxes 12a - 12d, codes D, E, F, G, H and S	\$	\$
Child Support Received	\$	\$
Housing, Food, Other living allowances for military/clergy	\$	\$
Veteran's Non-Educational benefits(disability, death pension, Dependency& Indemnity Comp and/or VA Work-Study allowance	\$	\$
Other Untaxed Income Not Reported (Worker's comp, disability, etc.):	\$	\$

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

**G. 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

***Please submit the Verification Worksheet and supporting documents to:***

Office of Financial Aid  
101 Foote-Hilyer Administration Center  
Tallahassee, FL 32307