

# **McDANIEL COLLEGE**

## **FINANCIAL AID OFFICE** **2019-2020 Verification Form**

### **What is Verification?**

The U.S. Department of Education and/or McDaniel College has selected your file for "Verification." The Financial Aid staff must compare information from your FAFSA with this completed worksheet, 2017 Federal Tax Return Form 1040 or 2017 Tax Return Transcript (if the IRS Data Retrieval Tool was not used at the time of completing the FAFSA) available at [www.irs.gov](http://www.irs.gov). Other financial aid documents may be requested. The Financial Aid staff will not make any federal financial aid awards available to you until all verification requirements have been met and the necessary corrections have been made under the financial aid program regulation (34 CFR, part 668).

### **A: STUDENT INFORMATION**

|                   |                   |                   |               |
|-------------------|-------------------|-------------------|---------------|
| Last Name         | First Name        | M.I.              | Date of Birth |
| Student ID Number | Home Phone Number | Cell Phone Number |               |

### **B: FAMILY/HOUSEHOLD INFORMATION**

**(Please check one of the boxes below.)**

- DEPENDENT STUDENT** (students who did need to provide parent information on the FAFSA)  
 List the people in your parents' household.  
 Include:
1. **Yourself** (even if you don't live with your parent(s))
  2. **Your parent(s)**
    - *If your parents are divorced*, list the parent you lived with the most during the last 12 months. If you did not live with one parent more than the other, indicate the parent who provided more than half of your support during the last twelve (12) months.
    - *If your parent is remarried*, include step-parent.
    - *If your parents are unmarried but live together*, list Parent #1 and Parent #2
  3. **Your parent(s)' other dependent children**, if your parent(s) provide more than half of their support between July 1, 2019 and June 30, 2020 or if the children would be required to provide parental information if they were completing a 2019-2020 FAFSA.
  4. **Other dependents**, if they now live with your parent(s) and your parent(s) will continue to provide more than half of their support through June 30, 2020.
- INDEPENDENT STUDENT** (students who did not need to provide parent information on the FAFSA)  
 List the people in your household.  
 Include:
1. **Yourself**
  2. **Your spouse** (if married)
  3. **Your children and your spouse's children** (if you provide more than half (1/2) of their support from July 1, 2019 to June 30, 2020)
  4. **Other people if they now with in your household** (if you or your spouse provides more than half (1/2) of their support from July 1, 2019 through June 30, 2020).

**Fill in the table below – DO NOT LEAVE BLANK**

*If you need more space, attach a separate page, put your full name and McDaniel College student ID number at the top.*

| Full Name                     | Age | Relationship | College Or University | Will Be Enrolled at Least Half-Time (Yes Or No) |
|-------------------------------|-----|--------------|-----------------------|---|
| <i>Example: Angela Sheets</i> | 24  | Sister       | University of Maine   | Yes   |
|                               |     | Self         | McDaniel College      |   |
|                               |     |              |                       |   |
|                               |     |              |                       |   |
|                               |     |              |                       |   |

**C: TAX FORMS AND INCOME EARNED FROM WORK INFORMATION**

➤ **Verification of 2017 Income Information for Tax Filers (Student/Spouse or Parent(s))**

1. Submit a copy of your (and your parent’s if dependent) **signed 2017 Federal Income Tax Return form 1040 or IRS Tax Transcripts** (If IRS Data Retrieval was not used on FAFSA).

➤ **Verification of 2017 Income for Non-Tax Filers (Student/Spouse or Parent(s))**

2. If you and/or parents/spouse **did not** file a federal 2017 tax return, please provide a copy of a **Verification of Non-filing Letter** from the IRS ([www.irs.gov](http://www.irs.gov)) and complete this section.

**Check the box for the people did not and are not required to file a 2017 federal income tax return.**

- Student/Spouse*                       *Did not work*  
 *Parent(s)/Stepparent*             *Did not work*

*Check here if Verification of Non-filing Letter provided*

*Check here if Verification of Non-filing Letter will be provided later*

**Note:** List every employer even if the employer did not issue a W-2 form. Copies of all 2017 W-2 forms issued to the student, spouse (if married) or parents (if dependent), must be submitted to the Financial Aid Office **only if requested.**

*(If more space is needed, provide a separate page with the student’s name and ID number at the top.)*

| Name of Employer                        | Student Amount Earned in 2017 | Parent or Spouse Amount Earned in 2017 | IRS W-2 Form Attached? (Yes or No) |
|---|-------------------------------|--|------------------------------------|
|   |                               |  |                                    |
|   |                               |  |                                    |
|   |                               |  |                                    |
| Total Amount of Income Earned From Work | \$                            | \$                                     |                                    |

3. *Do you or your parents (if dependent) receive TANF or Social Security Benefits in 2017?*

- YES**             **NO**

**D: FINANCIAL INFORMATION FOR 2017**

**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 W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S. (**Do not include DD codes**)

**DO NOT LEAVE BLANK – WRITE N/A IF NOT APPLICABLE**

| Name of Person Who Made the Payment                           | Annual Amount Paid in 2017 |
|---|----------------------------|
|   | \$                         |
|   | \$                         |
|   | \$                         |
| Total Payments to tax-deferred pension and retirement savings | \$                         |

CONTINUED ON NEXT PAGE

**2. Worksheet Information**

- Both tax filers and non-tax filers must list any untaxed income received in 2017.
- List the *annual* amount you received. **Be sure to enter ZERO or N/A if no funds were received.**
- **DO NOT LEAVE ANY SPACES BLANK**
- **Failure to complete this section will delay the processing of your financial aid.**

| Calendar Year 2017  | Student/Spouse | Parent(s) |
|---|----------------|-----------|
| <b>Untaxed Income</b>   |                |           |
| Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040 line 50 or 1040A line 33  | \$             | \$        |
| 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   | \$             | \$        |
| Tax exempt interest income from IRS Form 1040 Line 8b or 1040A line 8b.   | \$             | \$        |
| Untaxed portions of IRA distributions and/or pensions from IRS Form 1040 lines 15a minus 15b, lines 16a minus 16b, or 1040A lines 11a minus 11b, lines 12a minus 12b. Exclude rollovers. If negative, enter zero here.  | \$             | \$        |
| <b>Other Untaxed Income</b>   |                |           |
| Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on base military housing or the value of a basic military allowance for housing.  | \$             | \$        |
| Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation, and/or VA Educational Work-Study allowances. <b>Do not include:</b> Post 9/11 GI bill, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits.                            | \$             | \$        |
| Other untaxed income not reported, such as workers' compensation, disability, etc. <b>Do not include</b> student aid, earned income credit, child tax credit, additional child tax credit, untaxed Social Security benefits, combat pay, TANF, flexible spending arrangements (e.g. cafeteria plans) etc. | \$             | \$        |
| <b>2017 Additional Financial Information</b>  |                |           |
| Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.  | \$             | \$        |
| Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. <b>Don't include</b> untaxed combat pay.   | \$             | \$        |
| Taxable college grant and scholarship aid <b>reported to the IRS in your adjusted gross income.</b> Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.                                 | \$             | \$        |

**E: ADDITIONAL INFORMATION TO BE VERIFIED**

**1. Child Support Paid**

- (If more space is needed, attach a separate page that includes the student's name and Date of Birth at the top.)

WRITE N/A IF NOT APPLICABLE – DO NOT LEAVE BLANK

| 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 |
|---------------------------------------|---|---|--------------------------------------|
|                                       |   |   |                                      |
|                                       |   |   |                                      |
|                                       |   |   |                                      |
|                                       |   |   |                                      |

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

## 2. Child Support Received

- (If more space is needed, attach a separate page that includes the student's name and Date of Birth at the top.)

WRITE N/A IF NOT APPLICABLE – DO NOT LEAVE BLANK

| Name of Person from Whom Child Support was Received | Name of Person Who Received the Child Support | Name of Child for Whom Support was Received | Amount of Child Support Received in 2017 |
|---|---|---|--|
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |

## F: CERTIFICATION AND SIGNATURE

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. *(If dependent, at least one parent must sign.)* **WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_  
*(Required if dependent)*

Date: \_\_\_\_\_

*This form contains personally identifiable information.*  
Financial Aid Office 2 College Hill Westminster, MD 21157  
410.857.2233 (Voice) 410.386.4608 (fax)