

2018-2019 Independent Student Verification Worksheet



All students who complete the FAFSA and who filed a tax return for 2016 must also submit a copy of the 2016 IRS **Tax Return Transcript**. Students who did not file a tax return for 2016 must submit a **Verification of Non-filing Letter**. These can be ordered on line at www.irs.gov/Individuals/Get-Transcript

STUDENT INFORMATION					
ast Name		First Name	M.I.	Westmont ID Number or Last 4 digits of Social Security Number	
Address				Birth Date	
City	State	State Zip Code		Student's Permanent Telephone	
E-mail Address			· · · · · · · · · · · · · · · · · · ·	Student's Cell Phone	
T. T.					

FAMILY INFORMATION

List everyone in your household, including:

- yourself and
- your spouse if you have one, and
- **your children**, if you will provide more than half of their support from July 1, 2018 through June 30, 2019, even if they don't live with you, and
- other people only if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2018 through June 30, 2019.

Full Name	Age As of Dec. 31, 2018	Relationship to this student	For each family member who will be enrolled in a college or university degree program during the 18-19 academic year, write the name of the college he/she will be attending
1.		Self	Westmont College
2.			
3.			
4.			
5.			
6.			
7.			

STUDENT MARITAL STATUS	
As of the day that I first completed the 2018-2019 FAFSA, I was	
☐ Single	
☐ Married/remarried	
☐ Separated	
STUDENT TAX INFORMATION	
\square Check here if you are providing or will provide the required Verification of No and were not required to file a 2016 federal income tax return.	on-filing Letter because you did not file
If you did not file, please list the sources and amounts for any income you r	
EMPLOYERS/SOURCES OF INCOME FOR 2016	TOTAL AMOUNT OF INCOME RECEIVED IN 2016
☐ Check here if you are providing or will provide a copy of your Tax Return Tra	nscript for 2016.
☐ Check here if you have already provided a copy of your Tax Return Transcri	pt for 2016.
Spouse's Tax Information (if student is married)	
Check here if you are providing or will provide the required Verification of No not file and was not required to file a 2016 federal income tax return.	n-filing Letter because your spouse did
If your spouse did not file a tax return but had income from any source in 2 Please also include a copy of their W-2(s) for 2016.	016, please list the sources and amounts below.
EMPLOYERS/SOURCES OF INCOME FOR 2016	TOTAL AMOUNT OF INCOME RECEIVED IN 2016
☐ Check here if you are providing or will provide a copy of your spouse's Tax Re	eturn Transcript for 2016.
\square Check here if you have already provided your spouse's Tax Return Transcrip	pt for 2016

REQUIRED TAX DOCUMENTS INFORMATION

A **Tax Return Transcript** is not a photocopy of your return. A transcript can be printed or saved to your computer directly from the IRS website. Go to http://www.irs.gov/Individuals/Get-Transcript to set up an account and access your transcript. If you are unable to set up an account online, you may print out, complete, and fax or mail to the IRS **Form 4506-T Request for Transcript of Tax Return** found at https://www.irs.gov/pub/irs-pdf/f4506t.pdf, to receive it by mail (check box 6a to request a Return Transcript).

A **Verification of Non-filing Letter** is required to show that a student or spouse was not required to file taxes in 2016. The letter can be printed or saved to your computer directly from the IRS website. Go to http://www.irs.gov/Individuals/Get-Transcript to set up an account and access your transcript. If you are unable to set up an account online, you may print out, complete, and fax or mail to the IRS **Form 4506-T Request for Transcript of Tax Return** found at https://www.irs.gov/pub/irs-pdf/f4506t.pdf, to receive the letter by mail (check box 7 to request Verification of Nonfiling)

ASSET INFORMATION

Report the value of the items below as of the date you filed the FAFSA (indicate -0- (zero) where appropriate; do not leave any item blank)	Student	Spouse
Cash, savings and checking accounts (as of the date you filed the FAFSA). Provide exact figures only; do not round.	\$	\$
Net worth of your investments, including real estate (as of the date you filed the FAFSA). Do not include your primary residence or the value of bona fide retirement accounts. Provide exact figures only; do not round.	\$	\$
Net worth of your current business and/or investment farms (as of the date you filed the FAFSA). Do not include a farm that you live on and operate. Provide exact figures only; do not round. Do not include a business that you own and control (more than 50% ownership) and has fewer than 100 employees.	\$	\$

ADDITIONAL FINANCIAL INFORMATION

Read each line and provide annual amounts from 2016. Enter \$0 for each line that does not apply to you (or your spouse).

Report annual amounts <u>from 2016</u> . Enter \$0 if not applicable.	Student	Spouse
Taxable financial aid, including earnings from need-based employment programs, such as Federal Work-Study.	\$	\$
Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not enter untaxed combat pay.	\$	\$

UNTAXED INCOME

Report *untaxed* income received by you (and your spouse) in the boxes below. Read each line and provide annual amounts <u>from 2016</u>. **Enter \$0** for each box that does not apply to you (or your spouse). This worksheet will be returned to you if items are left blank.

Report annual amounts from 2016. Enter \$0 if not applicable.	Student	Spouse
Payments to tax-deferred pension and savings plans	\$	\$
Child support received (Do not include foster care or adoption payments)	\$	\$
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value benefits) Do not include the value of on-base military housing or the value of basic military allowance for housing.	\$	\$
Worker's Compensation and/or Disability	\$	\$
Veterans Noneducation Benefits	\$	\$
Money received or paid on your behalf	\$	\$
Other untaxed income	\$	\$

SIGNATURE By signing this worksheet, we certify that all the information is complete and correct:			
Student	Date		
Spouse	Date		

Submit this completed form to:
Westmont College
Office of Financial Aid
955 La Paz Road
Santa Barbara, CA 93108

Fax: 805-565-7157 Email: finaid@westmont.edu