2019-2020 Verification Worksheet

Student’s Last Name, First, M.I.  USC UPSTATE or VIP ID

E-mail Address  Phone # (with area code)

WHY MUST I COMPLETE THIS WORKSHEET?

Your 2019-2020 financial aid application has been selected for a review process called verification. Verification must be completed before you can be awarded Financial Aid. As part of this process, please complete this form, provide signatures, and return it to our office at the address or fax number above. Be sure to fully answer each question on this form. Incomplete forms will be returned for completion, which can delay awarding aid.

*********************** SECTION A: HOUSEHOLD INFORMATION ***********************

The following applies to the dates from July 1, 2019 through June 30, 2020

Information about you and your family

Dependent Students Include:
• Yourself and your parents (even if you do not live with your parents).
• Other siblings in household of which parents provide more than half support.
• Others in household of which parents provide more than half support.

Independent Students Include:
• Yourself and your spouse (if married).
• Your children if you provide more than half of their support.
• Others in household of which you provide more than half support.

List all members of your household below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>Name of College if Attending 2019-2020 (exclude parents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>You, the student</td>
<td></td>
<td>Self</td>
<td>USC Upstate</td>
</tr>
</tbody>
</table>
**FOR SECURITY PURPOSES PLEASE DO NOT FAX OR EMAIL DOCUMENTS WITH FULL SOCIAL SECURITY NUMBERS**

Did you (the student / spouse) have any income in 2017? Yes ___ or No ___ (check one)
Read ALL and check ONE of the following:
- You have used the IRS Data Retrieval Tool (DRT) through FAFSA.
- You have attached a copy of your 2017 IRS Tax Return Transcript or Signed 2017 Federal Tax Return to this form.
- You will not file AND are not required to file a 2017 federal tax return. **Attach all 2017 W-2 forms.** List sources and amounts of income not reported on a 2017 W-2 form on the following line:
  $________________________________________________________

Did your FAFSA parent(s) have any income in 2017? Yes ___ or No ___ (check one)
Read ALL and check ONE of the following:
- Your FAFSA parent(s) have used the IRS Data Retrieval Tool (DRT) through FAFSA.
- They have attached a copy of their 2017 IRS Tax Return Transcript or Signed 2017 Federal Tax Return to this form.
- Your FAFSA parent(s) will not file AND are not required to file a 2017 federal tax return. **Required - all 2017 W-2 forms.** List sources and amounts of income not reported on a 2017 W-2 form:
  $________________________________________________________

*If you filed an extension, please submit a copy of the IRS Form 4868 along with W-2's as well as a signed statement certifying the amount of adjusted gross income and taxes paid for 2017. Along with a copy of the IRS approval of an extension beyond the automatic six-month extension.

*If you filed an amended tax return, please submit a copy of the original tax return transcript or signed federal tax return along with a signed copy of the 2017 IRS Form 1040X - Amended Tax Return.

Signed Copies of Federal Tax Returns are allowed to complete verification

**Ways to obtain IRS Tax Return Transcript:** You may use the IRS Data Retrieval Tool that is part of FAFSA on the Web in lieu of submitting an IRS Tax Return Transcript or a Signed copy of the Federal Tax Return. If you have not already used the tool, go to FAFSA.ed.gov, log in to your FAFSA record, select “Make FAFSA Corrections,” and navigate to the Financial Information section of the form. From there, follow the instructions to determine if you are eligible to use the IRS Data Retrieval Tool to transfer 2017 IRS income tax information into your FAFSA. Resubmit the FAFSA after using the Data Retrieval Tool.

**Online Request**
Visit www.IRS.gov, on the IRS homepage, click "Get Your Tax Record." Select to get the transcript online or by mail. It may take approximately 10 business days to receive the IRS Tax Return Transcript by mail. Make sure to request the "IRS Tax Return Transcript" and NOT the "IRS Tax Account Transcript."

**Telephone Request** 1-800-908-9946.

WARNING: If you purposely omit or give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
Print the information below for the calendar year 2017:
If not applicable, enter zeros. Do not leave any part of this section blank.

<table>
<thead>
<tr>
<th>Student</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Taxable earnings from need-based employment programs</strong>, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.</td>
<td>$</td>
</tr>
<tr>
<td><strong>Taxable college grant and scholarship aid reported to the IRS in your adjusted gross income.</strong> Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.</td>
<td>$</td>
</tr>
<tr>
<td><strong>Combat pay or special combat pay.</strong> Only enter the amount that was taxable and included in your adjusted gross income. <strong>Don’t include</strong> untaxed combat pay.</td>
<td>$</td>
</tr>
<tr>
<td><strong>Earnings from work</strong> under a cooperative education program offered by a college.</td>
<td>$</td>
</tr>
<tr>
<td><strong>Payments to tax-deferred pension and savings plans</strong> (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. <strong>Don’t include</strong> amounts reported in code DD (employer contributions toward employee health benefits).</td>
<td>$</td>
</tr>
<tr>
<td><strong>Child support received</strong> for all children. <strong>Don’t include</strong> foster or adoption payments. (Total received in 2017)</td>
<td>$</td>
</tr>
<tr>
<td><strong>Housing, food, and other living allowances</strong> paid to members of the military, clergy, and others (including cash payments and the cash value of benefits). <strong>Don’t include</strong> the value of on-base military housing or the value of a basic military allowance for housing.</td>
<td>$</td>
</tr>
<tr>
<td><strong>Veterans non-education benefits</strong> such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.</td>
<td>$</td>
</tr>
<tr>
<td><strong>Other untaxed income not reported</strong>, such as workers’ compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 – line 25. <strong>Don’t include</strong> extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity 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. (Total received in 2017)</td>
<td>$</td>
</tr>
<tr>
<td><strong>Money received or paid</strong> on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement. (Total received in 2017)</td>
<td>$</td>
</tr>
</tbody>
</table>

************************************************************************ HANDWRITTEN SIGNATURES REQUIRED ************************************************************************

By signing below we certify that all information on this form is complete and correct.

Student: ____________________________ Date: ____________________________

Student’s Spouse: ____________________________ Date: ____________________________

Parent: ____________________________ Date: ____________________________