

**SOUTHERN ILLINOIS UNIVERSITY
SCHOOL OF MEDICINE
INDEPENDENT STUDENT 2019-2020 VERIFICATION WORKSHEET**

Your 2019-2020 FAFSA was selected by the Department of Education for review. Complete this form so we may continue processing your aid application. We will compare information from your FAFSA with the information provided on this worksheet and any other required documents. If there are differences, your FAFSA information will need corrected.

1. YOU MUST REVIEW, accurately complete, and SIGN this worksheet.
2. SUBMIT the completed worksheet and any other documents requested to the Springfield Financial Aid Office.

Student's Last Name	First Name	Middle Initial
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Street Address	City	State	Zip Code
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Student's ID (DAWG TAG)-REQUIRED	Last 4 Digits of Students SSN
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A. Family Information

List the people in *your household*.

- Yourself
- Your spouse (if you're married).
- Your children if you provide more than half of their support from July 1, 2019 through June 30, 2020. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.)
- Include other people if they now live with you and you provide more than half of their support from July 1, 2019 through June 30, 2020 and will continue to provide more than half of their support.

Full Name (List yourself first)	Age	Relationship to Student (Self, Spouse, son, daughter)	List the name of the college for family members who will be attending college at least half time between July 1, 2019 and June 30, 2020, and will be enrolled in a degree or certificate program. If the school uses clock hours, include only students attending at least 12 clock hours per week.

B. Student's and Spouse's Income Information

1. If you file a 2017 U.S. income tax return (Form 1040, 1040A, 1040EZ), you must send a **signed** copy of your complete return and **submit all W-2 forms, 1099s, etc** to the Financial Aid Office. Be sure to include **Schedule C – Profit or Loss from Business**, if you had business income.

Which of the following is true?

- I (We) have already sent a copy of my 2017 U.S. income tax return and **W-2 forms** to the SIU SOM Financial Aid Office.
- I (We) am mailing my signed 2017 U.S. income tax return and **W-2, 1099s etc. forms** with this form.

I (We) earned income but did not file, nor was I required to file, a 2017 federal income tax return. **I have attached a Verification of Non-filing Letter from the IRS dated on or after 10/1/18, along with the required copies of all 2017 W2s, 1099s, and other wage statements. (See Section D if you cannot provide income documents).**

I (We) were not employed in 2017 and earned no income from work. **We have attached a Verification of Non-filing Letter from the IRS dated on or after 10/1/2018.**

2. If you worked but did not file a 2015 U.S. income tax return, list your employers and the amounts of income that you (and your spouse) earned from work in 2017 and **submit all W-2 forms.**

EMPLOYER OR SOURCE OF TAXABLE INCOME FOR 2017:

	\$	\$
	\$	\$

C. Student's and Spouse's 2017 Untaxed Income

List other income and benefits that you and/or your spouse received during 2017 that are not subject to U.S. income taxes. Do not include student financial aid. Note: If amount is zero, print a "0" in the blank. The "A" and "B" identifies that your original information came from Worksheet A or Worksheet B on the FAFSA.

Worksheet	Type of Untaxed Income/Benefit	Student's Totals for 2017	Spouse's Totals for 2017
A	Earned income credit from IRS form 1040 line 63; 1040A line 41; 1040EZ line 8; or Telefile line L.		
A	Additional child tax credit from IRS form 1040 line 65 or 1040A line 42.		
A	Welfare benefits, including Temporary Assistance for Needy Families (TANF). Don't include food stamps or subsidized housing.		
A	Social Security benefits received that were not taxed (such as SSI).		
B	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S. Include untaxed portions of 401(k) and 403(b) plans.		
B	Deductible IRA and/or Keogh/SEP/SIMPLE payments: IRS Form 1040-total of lines 24 and 30; or 1040A line 17.		
B	Child support received for all children. Don't include foster care or adoption payments.		
B	Tax exempt interest income from IRS Form 1040 line 8b; or 1040A line 8b.		
B	Foreign income exclusion from IRS Form 2555 line 43; or 2555EZ line 18.		
B	Untaxed portions of pensions or IRA distributions from IRS Form 1040 (line 15a minus 15b) plus (16a minus 16b); or 1040A (line 11a minus 11b) plus (12a minus 12b) excluding rollovers.		
B	Credit for federal tax on special fuels from IRS Form 4136 line 10 (non-farmers only).		
B	Housing, food and other living allowances paid to members of the military, clergy and others, including cash payments and cash value of benefits (W-2 Form Box 12q or Box 14).		
B	Veterans' non-education benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) or VA Educational Work-Study allowances.		
B	Any other untaxed income and benefits, such as Workers' Compensation, untaxed portions of Railroad Retirement Benefits, Black Lung Benefits, Disability Benefits, etc. Do not include student aid, WIA (formerly JTPA) educational benefits, or benefits from flexible spending arrangements (e.g., cafeteria plans).		
B	Money received , or money paid on your behalf (e.g. bills), and not reported elsewhere on this form.		

D. Student's Certification and Signature

WARNING: If this form is to be used in the process of establishing eligibility for federal student aid funds, you should know that intentionally false statements or misrepresentation may subject the filer to a fine or imprisonment, or both, under provisions of the United States Criminal Code.

I certify that all of the information on this form is complete and correct.

Student's signature

Date

Spouse's Signature

Date

Submit this worksheet to the Springfield Financial Aid Office.

Fax: 217-545-5538

**Mailing: SIU School of Medicine
 ATTN: Financial Aid Office
 801 N. Rutledge
 P.O. Box 19624
 Springfield, IL 62794-9624**

Email: lfry@siumed.edu