



# 2019-2020 V1 Standard Verification Worksheet

V1

Your application was selected for review in a process called verification. Please submit this form with all requested documentation to the CCMS Financial Aid Office. The information will be compared to information on your 2019-2020 FAFSA. Discrepancies will be corrected by the Financial Aid Office based on the verification documentation.

\_\_\_\_\_  
 Student's Last Name                                      First Name                                      M.I.                                      Last 4 digits of SSN

\_\_\_\_\_  
 Date of Birth                                      Cell Phone #                                      E-mail Address

**A. Family Information** – check one: You are considered Dependent if you were required to provide parent information on your FAFSA.

<input type="checkbox"/> <b>Dependent Students:</b> List the people in your parent(s)' household for which your parent(s) will provide more than half of their support from July 1, 2019 to June 30, 2020. Also, please list the college name for any household member (excluding parents) who will be <u>attending at least half time</u> between July 1, 2019 to June 30, 2020. Include: <ul style="list-style-type: none"> <li>• yourself (<b>regardless of where you reside</b>)</li> <li>• your parent(s), include stepparent, if remarried</li> <li>• your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2019 to June 30, 2020 or if the child would be required to give parental information when completing the 2019-2020 FAFSA.</li> <li>• <b>Include other people as part of your household only if</b> they now live with your parent(s) <b>AND</b> your parent(s) provide more than half of their support <b>AND</b> will continue to provide more than half of their support through June 30, 2020.</li> </ul>	<input type="checkbox"/> <b>Independent Students:</b> List the people in your household for which you or your spouse will provide more than half of their support from July 1, 2019 to June 30, 2020. Also, please list the college name for any household member who will be <u>attending at least half time</u> between July 1, 2019 and June 30, 2020. Include: <ul style="list-style-type: none"> <li>• yourself</li> <li>• your spouse, if married</li> <li>• your children if you or your spouse will provide more than half of their support from July 1, 2019 to June 30, 2020 or if the child would be required to give parental information when completing the 2019-2020 FAFSA.</li> <li>• <b>Include other people as part of your household only if:</b> they now live with you or your spouse <b>AND</b> you or your spouse provide more than half of their support <b>AND</b> will continue to provide more than half of their support through June 30, 2020.</li> </ul>
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Full Name	Age	Relationship	College Attending between July 1, 2019 – June 30, 2020	Will be Enrolled at Least Half Time
		<i>Self</i>	<i>Cincinnati College of Mortuary Science</i>	<i>Yes</i>

**Students/spouse and parents are encouraged to use the IRS Data Retrieval Tool to authenticate 2017 federal income tax information. This can be done at the initial FAFSA filing or by returning to [www.fafsa.ed.gov](http://www.fafsa.ed.gov), logging into the student's FAFSA record, selecting "Make FAFSA Correction" and navigating to the IRS Data Retrieval Tool for the student tax information and/or parent tax information. Allow 3 weeks after electronic tax return filing with the IRS for the data to be available. If the student/spouse or parent is unable or chooses not to use the IRS Data Retrieval Tool, a 2017 IRS TAX RETURN TRANSCRIPT MUST BE ATTACHED. A copy of your tax return cannot be accepted. To obtain this transcript, go to [www.IRS.gov](http://www.IRS.gov) and click on the "Order a Return Transcript", then "Order a Transcript", enter your identifying information, then indicate that the type of transcript is a "Return Transcript" and print PDF or call 1-800-908-9946 and select option 2 for a Tax Return Transcript. Allow 10 days for receipt of the transcript by phone. Independent Students who did not and will not file for 2017 must supply IRS Statement of Non-Filing.**

Student's Name \_\_\_\_\_

Last 4 digits of SSN \_\_\_\_\_

This page must be completed regardless of whether or not you/your spouse or your parents (if dependent) filed taxes in 2017.

**B. Tax Filer Income Authentication:** Complete the grid below for the people in **Section A** that did or will file a 2017 federal tax return.

<b>Student : Tax Filer</b>	<input type="checkbox"/> Taxes Filed - <u>IRS Data Retrieval Tool Used on FAFSA</u> - (Skip to section E) <input type="checkbox"/> Taxes Filed - IRS Data Retrieval Tool <u>Not Used on FAFSA</u> . - Attach the student's * 2017 IRS Tax Return Transcript to this form and complete the wages in the next column. <input type="checkbox"/> Filed Tax Extension - Attach student's 2017 IRS Form 4868** and all W-2(s). If self-employed, provide a signed statement of 2017 AGI and Taxes Paid.	\$ _____ 2017 wages from box 1 of W-2s
<b>Parent 1: Tax Filer</b>	<input type="checkbox"/> Taxes Filed - <u>IRS Data Retrieval Tool Used on FAFSA</u> - (Skip to section E) <input type="checkbox"/> Taxes Filed - IRS Data Retrieval Tool <u>Not Used on FAFSA</u> - Attach parent's *2017 IRS Tax Return Transcript to this form and complete the wages in the next column. <input type="checkbox"/> Filed Tax Extension – Attach parent's 2017 IRS Form 4868** and all W-2(s). If self-employed, provide a signed statement of 2017 AGI and Taxes Paid.	\$ _____ 2017 wages from box 1 of W-2s
<b>Parent 2: Tax Filer</b>	<input type="checkbox"/> Taxes Filed - <u>IRS Data Retrieval Tool Used on FAFSA</u> - (Skip to section E) <input type="checkbox"/> Taxes Filed - IRS Data Retrieval Tool <u>Not Used on FAFSA</u> – Attach parent's *2017 IRS Tax Return Transcript to this form and complete the wages in the next column. <input type="checkbox"/> Filed Tax Extension – Attach parent's 2017 IRS Form 4868** and all W-2(s). If self-employed, provide a signed statement of 2017 AGI and Taxes Paid.	\$ _____ 2017 wages from box 1 of W-2s
<b>Spouse, if married: Tax Filer</b>	<input type="checkbox"/> Taxes Filed - <u>IRS Data Retrieval Tool Used on FAFSA</u> - (Skip to section E) <input type="checkbox"/> Taxes Filed - IRS Data Retrieval Tool <u>Not Used on FAFSA</u> - Attach the spouse's *2017 IRS Tax Return Transcript to his form and complete the wages in the next column. <input type="checkbox"/> Filed Tax Extension - Attach spouse's 2017 IRS Form 4868** and all W-2(s). If self-employed, provide a signed statement of 2017 AGI and Taxes Paid.	\$ _____ 2017 wages from box 1 of W-2s

\* See 1<sup>st</sup> page for instructions to obtain a 2017 Tax Return Transcript.

\*\*Tax Extension documents, 2017 IRS Form 4868, are only accepted through October 15, 2019.

**C. Non-Tax Filer Income Authentication:** Complete the grid below for the people in **Section A** who did not file and are not required to file a 2017 federal tax return. A copy of the W-2(s) from each employer must be attached to this form. Independent Students must supply IRS Statement of Non-Filing. You can obtain this letter at IRS.gov or by filing IRS form 4506-T. Please contact the FA Office with any questions.

	Income Earned In 2017?	Income/Employer	2017 Income Earned	W-2's Attached (check)
<b>Student: Non-Tax Filer</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
<b>Parent 1: Non-Tax Filer</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
<b>Parent 2: Non-Tax Filer</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
<b>Spouse, if married: Non-Tax Filer</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>

Student's Name: \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

**D.** If you, your spouse (if married), or parent(s) (if dependent) indicated “No” in **section C AND** earned no income, you must provide the information below explaining how you met the following basic needs.

Basic Need	Annual Amount Spent	How was the need met?
Housing	\$	
Utilities	\$	
Food	\$	
Transportation	\$	

**E.** Were you, your spouse (if married) or parent self-employed in 2017? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the total amount of business income for you \$\_\_\_\_\_, your spouse \$\_\_\_\_\_, Parent 1 \$\_\_\_\_\_ and parent 2 \$\_\_\_\_\_. This information should be listed on line 12 of IRS form 1040.

**F.** Did any person listed in **Section A** receive Supplemental Nutrition Assistance Program or SNAP benefits (formerly known as food stamps) at any time during 2016 or 2017 calendar years? \_\_\_\_\_ Yes \_\_\_\_\_ No

**G.** Did any person listed in **Section A** pay child support in 2017? \_\_\_\_\_ Yes \_\_\_\_\_ No

If **YES**, complete the information below for each child.

Name of person who paid child support	Name of person to whom child support was paid	Name of child for whom child support was paid	Annual amount of child support paid in 2017
			\$
			\$
			\$
			\$

**H.** Were you, your spouse (if married), or parent (if dependent) a member of the U.S. Armed Forces (not National Guard or Reservist) in 2017? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate the total amount received in 2017 for food (BAS) and other allowances (e.g. Drill Sergeant pay, Parachute pay, re-enlistment bonus). This information may be available on your Leave and Earnings Statement.

Food \$\_\_\_\_\_ Other allowances \$\_\_\_\_\_ (do not include military housing)  
 (January through December 2017) (January through December 2017)

**I. Sign this Verification Worksheet**

By signing this Verification Worksheet, I/we certify that all the information reported on this worksheet is complete and correct. **For dependent students, at least one parent must sign.**

**Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

\_\_\_\_\_  
 Student's Signature (required) Date Parent's Signature (dependent students only) Date

**SUBMIT DOCUMENTS TO:** Office of Financial Aid, Cincinnati College of Mortuary Science, 645 W North Bend Rd, Cincinnati, OH 45224 **FAX (513) 761-3333** OFFICE (513) 761-2020

To expedite processing, scan/e-mail documents to rromandini@ccms.edu