

2008-2009 VERIFICATION WORKSHEET

● DEPENDENT



Office of Financial Aid

P. O. Box 261954 ● Conway, South Carolina 29528-6045

(843) 349-2313 ● Fax: (843) 349-2347 ● www.coastal.edu/financialaid

Your application was selected for review in a process called "Verification." In this process, the university is required to compare information from your application with signed copies of your and your parent(s) 2007 Federal tax forms, or with W-2 or other financial documents. Please read and complete all sections of this form. **If any item is left blank or if the taxes are not signed, this form may be returned to you.** When you have completed this form, return it with the requested documents to the address listed above. Your eligibility for Federal student assistance will be evaluated and you will be notified of any action you must take.

Print your name and Social Security number on all tax forms and documents submitted.

SECTION A: STUDENT INFORMATION

Last Name _____ First Name _____ M.I. _____

Social Security Number _____ Date of Birth _____

Address (include apt. no.) _____

City _____ State _____ Zip code _____

Telephone Number (include area code) (_____) _____

E-mail address _____

SECTION B: FAMILY INFORMATION

List the people in your parent's household; include:

- Yourself and your parents, and
- Your parent's other children, if (a) your parents provide more than half of their support, or (b) the children would be required to provide parental information when applying for Federal Student Aid, and
- Other people if they now live with your parents, and your parents provide for more than half of their support and will continue to provide more than half of their support from July 1, 2008 through June 30, 2009.

Write the names of all family members. Also write in the name of the college for any family member (excluding parents) who will be attending college at least half-time between July 1, 2008 and June 30, 2009, and will be enrolled in a degree or certificate program.

Full Name	Age	Relationship	College (attending 2008/2009)
<i>Example: Jane Doe</i>	51	Mother	
		Self	Coastal Carolina University

If more than six (6) family members, check here and continue on a separate sheet of paper.

SECTION C: STUDENT'S TAX FORMS AND INCOME INFORMATION (ALL APPLICANTS)

1. Check one box only. Tax returns include the 2007 IRS Form 1040, 1040A, 1040EZ. a tax return from Puerto Rico or a foreign income tax return. If you did not keep a copy of the tax return, request a copy from your tax preparer or a copy of an Internal Revenue Service Form that lists tax account information.

- Check and attach **signed** tax return.
- Check here if you will not file and are not required to file a 2007 U.S. Income Tax Return. NOTE: If tax returns are not filed, please indicate amount of money earned from working in 2007 \$ _____

(Continued on back of page.)

SECTION D: PARENT(S) TAX FORMS AND INCOME INFORMATION

1. Check one box only. Tax returns include the 2007 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return. If you did not keep a copy of the tax return, request a copy from your tax preparer or a copy of an Internal Revenue Service Form that lists tax account information.

Check and attach **signed** tax return.

Check here if your parent(s) will not file and are not required to file a 2007 U.S. Income Tax Return.

NOTE: If tax returns not filed, please indicate amount of earned from working in 2007. \$ _____

SECTION E: STUDENTS AND PARENT UNTAXED INCOME INFORMATION

Enter all of the following that apply to you and your parents. If any do not apply, enter "0". Do not leave blank.

STUDENT:

\$ _____ Earned income credit from IRS Form 1040-line 66A; 1040A-line 40a; 1040EZ-line 8a;

\$ _____ Additional child tax credit for IRS Form 1040-line 68 or 1040A-line 41.

\$ _____ Welfare benefits, including Temporary Assistance for Needy Families (TANF).
Don't include food stamps or subsidized housing.

\$ _____ Social Security benefits received that were not taxed (SSI) for all household members as reported.

\$ _____ Payments to tax deferred pension and savings plan (paid directly or withheld from earnings),
including amounts reported on the W-2 Form in Box 12a through 12d, codes D,E,F,G,H, and S.

\$ _____ IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other
qualified plans from IRS form 1040-total of lines 28 + 32 or 1040A-line 17.

\$ _____ Child support **received** for all children for the year. Don't include foster care or adoption payments.

\$ _____ Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b

\$ _____ Foreign income exclusion from IRS Form 2555-line 45 or 2555EZ-line 18

\$ _____ Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or
1040A-lines (11a minus 11b). Exclude rollovers. If negative, enter zero here.

\$ _____ Untaxed portion of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines
(12a minus 12b) excluding rollovers. If negative, enter zero here.

\$ _____ Credit for federal tax on special fuels from IRS Form 4136-line 20-nonfarmers only

\$ _____ Housing, food, and other living allowances paid to members of the military, clergy, and
others (including cash payments and cash value of benefits).

\$ _____ Veterans non-education benefits such as Disability, Death Pension, or Dependency &
Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.

\$ _____ Any other untaxed income or benefits not reported elsewhere on this form, such as
Worker's compensation, untaxed portions of railroad retirement benefits, Black Lung
Benefits, disability, etc. **Don't include** student aid, Workforce Investment Act
educational benefits, or benefits from flexible spending arrangements, e.g. cafeteria Plans.

\$ _____ Cash **received**, or any money paid on your behalf, not reported elsewhere on this form.

\$ _____ Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040-line 49
or 1040A-line 31.

\$ _____ Child support **paid** because of divorce or separation. Do not include support for children in
your (or your parents') household, as reported in Section B.

\$ _____ Taxable earnings from Federal Work-Study or other need-based work programs.

\$ _____ Student grant, scholarship, and fellowship aid, including AmeriCorps awards, that was
reported to the IRS in your (or your parents') adjusted gross income

PARENTS:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$XXXXXXXXXX

\$ _____

\$ _____

\$ _____

\$ _____

SECTION F: SIGN THIS WORKSHEET

By signing this worksheet, we certify that all information reported on it is complete and correct. At least one parent must sign.

Student Date Parent Date

Return completed form and all requested information to:

Coastal Carolina University ● Office of Financial Aid ● P. O. Box 261954 ● Conway, SC 29528-6054