

# Example of Properly Completed Dependent Verification Worksheet

V1 D

## University of New England Student Financial Services 2015-16 Standard Dependent Verification Worksheet

Your Free Application for Federal Student Aid (FAFSA) has been selected for a process called "Verification" during which the information reported on your FAFSA is compared with actual information from tax and income documentation from both you and your parents. If there are discrepancies, we may need to correct your FAFSA. This process, including completing this form and providing all required documentation, must be done by you and at least one parent reported on your FAFSA.

Smith	Sally	M	910	000000
Last Name	1 Ocean Ave	First Name	M.I.	PRN
Address	Biddeford	ME	04005	Date of Birth
City	State	Zip	Phone number	01/01/1997
				207-000-0000

### HOUSEHOLD INFORMATION

This form should be completed using information from the parent(s) listed on the FAFSA. The household should include anyone your parent(s) will support between July 1, 2015 and June 30, 2016. INCLUDE YOURSELF, YOUR PARENT(S) (including stepparent), YOUR SIBLINGS AND ANY OTHERS WHO RECEIVE **MORE** THAN HALF OF THEIR SUPPORT FROM YOUR PARENT(S). List college name siblings will be attending if they are enrolled at least half-time in a degree or certificate program between July 1, 2015 and June 30, 2016.

Name	Age	Relationship to you	College Attending
Sally Smith	18	Self	UNE
Mary Smith	42	mother	n/a
John Smith	43	Step-father	n/a
Rebecca Smith	19	sister	University of Elsewhere
James Smith	7	brother	n/a

### CHILD SUPPORT PAID

Did either of your parent(s) listed on this form **pay** child support during 2014? NO ☒ YES ☐ 2014 Total **PAID** \$ \_\_\_\_\_

If yes, provide the name of the person who paid this support? \_\_\_\_\_

Provide the name of the person to whom child support was paid: \_\_\_\_\_

List the name(s) of the child(ren) for whom the child support was paid: \_\_\_\_\_

### CHILD SUPPORT RECEIVED

Did either of your parent(s) listed on this form **receive** child support during 2014? NO ☐ YES ☒ 2014 Total **RECEIVED** \$ \$10,400

For those who are single, divorced or remarried, if you answer "No" and children aged 18 and under are included on this form, please explain why you did not receive support during 2014: \_\_\_\_\_

Please complete reverse side in its entirety → → →

## Example of Properly Completed Dependent Verification Worksheet (page 2)

### SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)/FOOD STAMPS

Did any member of your household receive Food Stamp Benefits in 2013 or 2014?

YES ☐

NO ☒

### INCOME VERIFICATION

To verify income, please provide copies of the 2014 IRS Tax Return Transcript for you and your parents. Please visit [www.irs.gov](http://www.irs.gov) to request a Tax Return Transcript. In lieu of a transcript, the IRS Data Retrieval Tool may also be used when completing or updating the FAFSA. For helpful tips and information to print a transcript or use DRT, please visit our website [www.une.edu/verification](http://www.une.edu/verification).

**Copies of all 2014 W2's are required.**

#### Student

☒ My 2014 federal IRS tax return transcript is attached.

☐ I used the IRS Data Retrieval process when completing/updating the 2015-16 FAFSA.

**If you are self-employed and filed a Schedule C and/or Schedule E, please include a complete copy of your tax return.**

☐ I will not file and am not required to file a 2014 federal tax return.

Please specify the amount earned in 2014 or if you did not work, specify with N/A \$ \_\_\_\_\_

#### Parent

☒ My parent's 2014 federal IRS tax return transcript is attached.

☐ My parents used the IRS Data Retrieval process when completing/updating the 2015-16 FAFSA.

**If your parent is self-employed and filed a Schedule C and/or Schedule E, please include a complete copy of your tax return.**

☐ My parents will not file and are not required to file a 2014 federal tax return. Copies of W2's/Social Security Benefit statement(s) are enclosed. Please specify the amount earned in 2014. If they did not work, specify with N/A \$ \_\_\_\_\_

Please note, if your 2014 federal tax return includes a Rollover from a Pension/Annuity and/or IRA Distribution, please include a copy of your 2014 Form 1099-R.

### UNTAXED INCOME

List all sources of untaxed income received in 2014. Do not leave any section blank; enter \$0 or N/A if none received.

Source of Untaxed Income during 2014	Parent(s)	Student
Housing, food, and other living allowances	0	0
Other untaxed income/benefits received including, but not limited to Disability or Worker's Comp	0	0
Veteran's Non-Education Benefits	0	0
Money received or paid on student's behalf not reported elsewhere on the FAFSA	xxxxxxx	0
<b>TOTAL</b>	<b>\$ 0</b>	<b>\$ 0</b>

### CERTIFICATION AND SIGNATURES

By signing this worksheet, we certify all of the information reported on this form is complete and accurate to the best of our knowledge. We agree to comply with all verification policies as stated by the University.

Sally Smith

Student

3/1/2015

Date

Mary Smith

Parent

3/1/2015

Date

W2 Form

a Control number 1234567		OMB No. 1545-0008									
b Employer identification number 720542904		1 Wages, tips, other compensation 83744.23		2 Federal income tax withheld 21085.32							
c Employer's name, address, and ZIP code  John Smith 1 Ocean Ave Biddeford, ME 04005		3 Social security wages 84900.00		4 Social security tax withheld 5263.80							
		5 Medicare wages and tips 113744.23		6 Medicare tax withheld 1421.80							
		7 Social security tips		8 Allocated tips							
d Employee's social security number 999-99-9999		9 Advance EIC payment		10 Dependent care benefits 500.00							
e Employee's name, address, and ZIP code  Maine Business 1 Main St Portland, ME 04101		11 Nonqualified plans		12a D 11000.00							
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third party sick pay <input type="checkbox"/>		12b C 172.33							
		14 Other C 100.00		12c							
				12d							
15 State Employer's state ID number OH 123-456-7890		16 State wages, tips, etc. 83744.23		17 State income tax 3349.77		18 Local wages, tips, etc. 83744.23		19 Local income tax 837.44		20 Locality name CLEVELAND	

# Tax Return Transcript



## Internal Revenue Service United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

### Tax Return Transcript

Request Date: 03-04-2009  
Response Date: 03-04-2009  
Tracking Number: 100000070432

SSN Provided: 000-00-0100  
Tax Period Ending: Dec. 31, 2008

The following items reflect the amount as shown on the return (PS), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: 000-00-0100 SPOUSE SSN: 000-00-0200  
NAME(S) SHOWN ON RETURN: JOHN DOE & JANE DEE  
ADDRESS: 300 ANYSTREET BLVD  
DALLAS, TX 77000-0000-000

FILING STATUS: Married Filing Joint  
FORM NUMBER: 1040  
CYCLE POSTED: 20091408  
RECEIVED DATE: Feb. 15, 2009  
REMITTANCE: 0.00  
EXEMPTION NUMBER: 5  
DEPENDENT 1 NAME CTRL: ABGR  
DEPENDENT 1 SSN: 000-00-0300  
DEPENDENT 2 NAME CTRL: ABGS  
DEPENDENT 2 SSN: 000-00-0400  
DEPENDENT 3 NAME CTRL: ABGS  
DEPENDENT 3 SSN: 000-00-0500  
DEPENDENT 4 NAME CTRL:  
DEPENDENT 4 SSN:  
PREPARER SSN:  
PREPARER EIN:

#### Income

WAGES, SALARIES, TIPS, ETC:	\$ 67,000.00
TAXABLE INTEREST INCOME: SCH B:	\$ 0.00
TAX-EXEMPT INTEREST:	\$ 0.00
ORDINARY DIVIDEND INCOME: SCH B:	\$ 0.00
QUALIFIED DIVIDENDS:	\$ 0.00
REFUNDS OF STATE/LOCAL TAXES:	\$ 0.00
ALIMONY RECEIVED:	\$ 0.00
BUSINESS INCOME OR LOSS (Schedule C):	\$ 0.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:	\$ 0.00
CAPITAL GAIN OR LOSS: (Schedule D):	\$ 0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:	\$ 0.00
OTHER GAINS OR LOSSES (Form 4797):	\$ 0.00
TOTAL IRA DISTRIBUTIONS:	\$ 0.00
TAXABLE IRA DISTRIBUTIONS:	\$ 0.00
TOTAL NON-TAXABLE IRA DISTRIBUTIONS:	\$ 0.00



# Tax Return NOT Acceptable Unless also Accompanied by Transcript

**Form 1040** Department of the Treasury—Internal Revenue Service (99) **2011** OMB No. 1545-0047 **2011** Use Only—Do not write or stamp in this space

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning , 2011, ending , 2011

See separate instructions for filing this form.

Your first name and initial Last name Your social security number

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **▲** Make sure the ZIP code above and on the back are correct.

City, town or post office name, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name Foreign province/county Foreign postal code

**Filing Status** Check only one box.

1 ☐ Single  
2 ☐ Married filing jointly (even if only one had income)  
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. **▶**  
4 ☐ Head of household (with a qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **▶**  
5 ☐ Qualifying widow(er) with dependent child

**Exemptions**

6a ☐ Yourself. Someone can claim you as a dependent, do not check box 6a.  
b ☐ Spouse  
c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Is child under age 17 (or under age 19 if a full-time student for child tax credit (see instructions))
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7  
8a Taxable interest. Attach Schedule B if required 8a  
b Tax-exempt interest. Do not include on line 8a 8b  
9a Ordinary dividends. Attach Schedule B if required 9a  
b Qualified dividends 9b  
10 Taxable refunds, credits, or offsets of state and local income taxes 10  
11 Alimony received 11  
12 Business income or (loss). Attach Schedule C or C-EZ 12  
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13  
14 Other gains or (losses). Attach Form 4797 14  
15a IRA distributions 15a b Taxable amount 15b  
16a Pensions and annuities 16a b Taxable amount 16b  
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17  
18 Farm income or (loss). Attach Schedule F 18  
19 Unemployment compensation 19  
20a Social security benefits 20a b Taxable amount 20b  
21 Other income. List type and amount 21  
22 Combine amounts in the far right column for lines 7 through 21. This is your total income 22

**Adjusted Gross Income**

23 Educator expenses 23  
24 Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ 24  
25 Health savings account deduction. Attach Form 8889 25  
26 Moving expenses. Attach Form 8886 26  
27 Deductible part of self-employment tax. Attach Schedule SE 27  
28 Self-employed SEP, SIMPLE, and qualified plans 28  
29 Self-employed health insurance deduction 29  
30 Penalty on early withdrawal of savings 30  
31a Alimony paid b Recipient's SSN **▶** 31a  
32 IRA deduction 32  
33 Student loan interest deduction 33  
34 Tuition and fees. Attach Form 8879 34  
35 Domestic production activities deduction. Attach Form 9865 35  
36 Add lines 23 through 35 36  
37 Subtract line 36 from line 22. This is your adjusted gross income **▶** 37

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 1132031 Form **1040** (2011)

# Schedule C – Required for Business Owners

## SCHEDULE C (Form 1040)

Department of the Treasury  
Internal Revenue Service

## Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.

▶ Attach to Form 1040 or Form 1041. ▶ See instructions for Schedule C (Form 1040).

OMB No. 1545-0074

# 2001

Attachment  
Sequence No. 09

Name of proprietor <b>FRANK CARTER</b>	Social security number (SSN) <b>111 00 1111</b>
A Principal business or profession, including product or service (see page C-1 of the instructions) <b>FISHING</b>	B Enter code from pages C-7 & 8 <b>1114110</b>
C Business name. If no separate business name, leave blank. <b>CAPT'N FRANK'S</b>	D Employer ID number (EIN), if any <b>109999999</b>
E Business address (including suite or room no.) ▶ <b>215 Seagull Drive</b> City, town or post office, state, and ZIP code <b>Hometown, OR 97331</b>	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
G Did you "materially participate" in the operation of this business during 2001? If "No" see page C-2 for limit on losses. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H If you started or acquired this business during 2001, check here. <input type="checkbox"/>	

### Part I Income

1 Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here. <input type="checkbox"/>	1	60,288	
2 Returns and allowances.	2		
3 Subtract line 2 from line 1.	3	60,288	
4 Cost of goods sold (from line 42 on page 2).	4		
5 <b>Gross profit.</b> Subtract line 4 from line 3.	5	60,288	
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3).	6	712	
7 <b>Gross income.</b> Add lines 5 and 6.	7	61,000	

### Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8			19 Pension and profit-sharing plans	19		
9 Bad debts from sales or services (see page C-3).	9			20 Rent or lease (see page C-4):			
10 Car and truck expenses (see page C-3).	10	2,763		a Vehicles, machinery, and equipment.	20a		
11 Commissions and fees.	11	10,992		b Other business property.	20b	600	
12 Depletion.	12			21 Repairs and maintenance.	21	4,593	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-3).	13	6,534		22 Supplies (not included in Part III).	22	6,464	
14 Employee benefit programs (other than on line 19).	14			23 Taxes and licenses.	23	35	
15 Insurance (other than health).	15	3,291		24 Travel, meals, and entertainment:			
16 Interest:				a Travel.	24a		
a Mortgage (paid to banks, etc.)	16a			b Meals and entertainment.			
b Other.	16b	800		c Enter nondeductible amount included on line 24b (see page C-5).			
17 Legal and professional services.	17			d Subtract line 24c from line 24b.	24d		
18 Office expense.	18			25 Utilities.	25		
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns.	28			26 Wages (less employment credits).	26		
29 Tentative profit (loss). Subtract line 28 from line 7.	29			27 Other expenses (from line 48 on page 2).	27	6,367	
30 Expenses for business use of your home. Attach <b>Form 8829</b> .	30			28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns.	28	42,439	
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.	31			29 Tentative profit (loss). Subtract line 28 from line 7.	29	18,561	
• If a profit, enter on <b>Form 1040, line 12</b> , and <b>also on Schedule SE, line 2</b> (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.				30 Expenses for business use of your home. Attach <b>Form 8829</b> .	30		
• If a loss, you <b>must</b> go to line 32.				31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.	31	18,561	
32 If you have a loss, check the box that describes your investment in this activity (see page C-6).				• If a profit, enter on <b>Form 1040, line 12</b> , and <b>also on Schedule SE, line 2</b> (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.			
• If you checked 32a, enter the loss on <b>Form 1040, line 12</b> , and <b>also on Schedule SE, line 2</b> (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.				• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> .			
• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> .				32a <input type="checkbox"/> All investment is at risk.			
				32b <input type="checkbox"/> Some investment is not at risk.			

# Schedule E – Required for Business Owners

## SCHEDULE E (Form 1040)

Department of the Treasury  
Internal Revenue Service

## Supplemental Income and Loss

(From rental real estate, royalties, partnerships,  
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

# 2001

Attachment  
Sequence No. 13

▶ Attach to Form 1040 or Form 1041. ▶ See instructions for Schedule E (Form 1040).

Name(s) shown on return

Charles and Lily Woods

Your social security number

123 00 4567

### Part I Income or Loss From Rental Real Estate and Royalties

**Note.** If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-1). Report farm rental income or loss from Form 4835 on page 2, line 39.

1	Show the kind and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	Yes	No
A	Brick Duplex -- 6924 -- 26 Country Road Anytown, VA 22306		• 14 days or		✓
B	Condo -- 6915 Country Road Anytown, VA 22306		• 10% of the total days rented at fair rental value?		✓
C			(See page E-1)		

Income:		Properties				Totals	
		A	B	C	(Add columns A, B, and C)		
3	Rents received . . . . .	25,000	8,300		3	33,300	
4	Royalties received . . . . .				4		
<b>Expenses:</b>							
5	Advertising . . . . .	600	210				
6	Auto and travel (see page E-2).						
7	Cleaning and maintenance . .	1,500	525				
8	Commissions . . . . .	1,200	420				
9	Insurance . . . . .	2,000	700				
10	Legal and other professional fees	1,000	390				
11	Management fees . . . . .						
12	Mortgage interest paid to banks, etc. (see page E-2) . . . . .	9,000	8,510		12	17,510	
13	Other interest . . . . .						
14	Repairs . . . . .	700	245				
15	Supplies . . . . .	600	210				
16	Taxes . . . . .	2,000	700				
17	Utilities . . . . .	2,400	840				
18	Other (list) ▶ Wages and salaries . . . . .	9,000	3,150				
19	Add lines 5 through 18 . . . .	30,000	15,900		19	45,900	
20	Depreciation expense or depletion (see page E-3) . . . . .	10,000	4,000		20	14,000	
21	Total expenses. Add lines 19 and 20	40,000	19,900				
22	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-3 to find out if you must file Form 6198 . . .	(15,000)	(11,600)				
23	Deductible rental real estate loss. <b>Caution.</b> Your rental real estate loss on line 22 may be limited. See page E-3 to find out if you must file Form 8582. Real estate professionals must complete line 42 on page 2 . . . . .	( 6,155 )	( 3,546 )				
24	<b>Income.</b> Add positive amounts shown on line 22. Do not include any losses . . . . .				24		
25	<b>Losses.</b> Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here				25	( 9,701 )	
26	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2 . . . . .				26	(9,701)	



**1099-R Form****Required if Tax Return includes a Rollover/Annuity and/or IRA Distribution****Form 1099-R**

OMB No. 1545-0119

☐ CORRECTED (if checked)PAYER'S federal identification number  
84-6220742RECIPIENT'S identification number  
XXX-XX-1234

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code

PUBLIC EMPLOYEES' RETIREMENT ASSOCIATION (800) 759-7372  
1301 PENNSYLVANIA STREET  
DENVER CO 80203**Form 1099-R****2013**Distributions From  
Pensions, Annuities,  
Retirement or  
Profit-Sharing Plans,  
IRAs, Insurance  
Contracts, etc.

1 Gross distribution 13,003.04	2a Taxable amount 13,003.04	2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>
3 Capital gain (included in box 2a)	4 Federal income tax withheld 825.76	5 Employee contributions/Designated Roth contributions or insurance premiums .00	6 Net unrealized appreciation in employer's securities
RECIPIENT'S name, street address (incl. apt. no.), city or town, province or state, country, and ZIP or foreign postal code  John Smith 1 Ocean Ave Biddeford, ME 04005			7 Distribution code(s) 7 8 Other % <input type="checkbox"/>
9a Your percentage of total distribution	9b Total employee contributions	10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.
12 State tax withheld 300.00	13 State/Payer's state no. CO/21-97092	14 State distribution	Account number (see instructions) 1-123456
15 Local tax withheld	16 Name of locality	17 Local distribution	<b>Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in Box 4, attach this copy to your Federal tax return.</b>
This information is being furnished to the Internal Revenue Service.			

Department of the Treasury-Internal Revenue Service