

# 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 01/01/1997
Address	Biddeford	ME	04005	Date of Birth 207-000-0000
City	State	Zip	Phone number	

### 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
UNE STUDENT NAME Sally Smith	18	Self	UNE
FAMILY MEMBER #1 Mary Smith	42	mother	n/a
FAMILY MEMBER #2 John Smith	43	Step-father	n/a
FAMILY MEMBER #3 Rebecca Smith	19	sister	University of Elsewhere
FAMILY MEMBER #4 James Smith	7	brother	n/a
FAMILY MEMBER #5			

### 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 \$

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	xxxxxx	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

3/1/2015

Student

Date

Mary Smith

3/1/2015

Parent

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 Retirement Plan X		12b C 172.33	
		14 Other C 100.00		12c 12d	
15 State OH	Employer's state ID number 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

Request Date: 03-04-2009

Response Date: 03-04-2009

Tracking Number: 100000070432

## Tax Return Transcript

SSN Provided: 000-00-0100

Tax Period Ending: Dec. 31, 2008

The following items reflect the amount as shown on the return (PR), 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

VAGES, 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

PRINTED: 03/04/2009 10:57:14 AM - EST

# Tax Return NOT Acceptable Unless also Accompanied by Transcript

**1040**

Department of the Treasury - Internal Revenue Service (99)  
**U.S. Individual Income Tax Return**

**2011**

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space

For year Jan. 1-Dec. 31, 2011, or other tax year beginning		2011, ending	20	See separate instructions Your social security number	
Your first name and initial		Last name			
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 lines 23-25 above and lines 36-37 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 provincial/country		Foreign postal code	
Financial Education Campaign Check if you, or your spouse (if filing joint return), plan to go to the fair. Checking this box will not change your tax or return. <input type="checkbox"/> You <input type="checkbox"/> Spouse					
<b>Filing Status</b>		1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►			
Check only one box.		4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ► 5 <input type="checkbox"/> Qualifying widow(er) with dependent child			
<b>Exemptions</b>		6a <input type="checkbox"/> Yourself. Someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse c <b>Dependents:</b> (1) First name <input type="checkbox"/> Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Child under age 17 (5) Child under age 17 (6) Child under age 17 (7) Child under age 17			
If more than four dependents, see instructions and check here ► <input type="checkbox"/>		Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ►			
		d Total number of exemptions claimed			
<b>Income</b>		7 Wages, salaries, tips, etc. Attach Form W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 16a Pensions and annuities 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or loss. Attach Schedule F 19 Unemployment compensation 20a Social security benefits b Taxable amount 21 Other income. List type and amount 22 Combine 19 amounts in the far right column for lines 7 through 21. This is your total income			
<b>Adjusted Gross Income</b>		23 Education expenses 24 Certain business expenses of taxpayers, performing artists, and for state government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ► <input type="checkbox"/> 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 9648 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income ► <input type="checkbox"/>			

# Schedule C – Required for Business Owners

## SCHEDULE C (Form 1040)

Department of the Treasury  
Internal Revenue Service

## Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

**2001**

Attachment  
Sequence No. 09

► 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).

Name of proprietor

FRANK CARTER

Social security number (SSN)

111-00-1111

A Principal business or profession, including product or service (see page C-1 of the instructions)

FISHING

B Enter code from pages C-7 & 8

► 11141110

C Business name. If no separate business name, leave blank.

CAP'N FRANKS

D Employer ID number (EIN), if any

10999999999

E Business address (including suite or room no.) ► 215 Seagull Drive

City, town or post office, state, and ZIP code Hometown, OR 97331

F Accounting method: (1)  Cash (2)  Accrual (3)  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.  Yes  No

H If you started or acquired this business during 2001, check here. ►

### 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
<b>7 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):	20a
10 Car and truck expenses (see page C-3).	10	a Vehicles, machinery, and equipment	20b
11 Commissions and fees.	11	b Other business property	21
12 Depletion.	12	21 Repairs and maintenance.	22
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-3).	13	22 Supplies (not included in Part II).	23
14 Employee benefit programs (other than on line 19).	14	23 Taxes and licenses.	35
15 Insurance (other than health).	15	24 Travel, meals, and entertainment:	24a
16 Interest:		a Travel	
a Mortgage (paid to banks, etc.)	16a	b Meals and entertainment	
b Other.	16b	c Enter nondeductible amount included on line 24b (see page C-6).	
17 Legal and professional services.	17	24d Subtract line 24c from line 24b.	24d
18 Office expense.	18	25 Utilities.	25
<b>28 Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns.	►	26 Wages (less employment credits).	26
29 Tentative profit (loss). Subtract line 28 from line 7.		27 Other expenses (from line 48 on page 2).	27
30 Expenses for business use of your home. Attach Form 8829.			6,367
<b>31 Net profit or (loss).</b> Subtract line 30 from line 29.			28 42,439

31 Net profit or (loss). Subtract line 30 from line 29.

- If a profit, enter on **Form 1040, line 12**, and also on **Schedule SE, line 2** (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see page C-6).

- If you checked 32a, enter the loss on **Form 1040, line 12**, and also on **Schedule SE, line 2** (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.
- If you checked 32b, you **must** attach **Form 6198**.

32a  All investment is at risk.  
32b  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 • 10% of the total days rented at fair rental value? (See page E-1)	A	/
B	Condo -- 6915 Country Road Anytown, VA 22306			B	/
C				C	

Income:	Properties			Totals	
	A	B	C	(Add columns A, B, and C)	
3 Rents received . . . . .	3 25,000	8,300		3	33,300
4 Royalties received . . . . .	4			4	
<b>Expenses:</b>					
5 Advertising . . . . .	5 600	210			
6 Auto and travel (see page E-2) . . . . .	6				
7 Cleaning and maintenance . . . . .	7 1,500	525			
8 Commissions . . . . .	8 1,200	420			
9 Insurance . . . . .	9 2,000	700			
10 Legal and other professional fees . . . . .	10 1,000	390			
11 Management fees . . . . .	11				
12 Mortgage interest paid to banks, etc. (see page E-2) . . . . .	12 9,000	8,510		12	17,510
13 Other interest . . . . .	13				
14 Repairs . . . . .	14 700	245			
15 Supplies . . . . .	15 600	210			
16 Taxes . . . . .	16 2,000	700			
17 Utilities . . . . .	17 2,400	840			
18 Other (list) ► Wages and salaries . . . . .	18 9,000	3,150			
19 Add lines 5 through 18 . . . . .	19 30,000	15,900		19	45,900
20 Depreciation expense or depletion (see page E-3) . . . . .	20 10,000	4,000		20	14,000
21 Total expenses. Add lines 19 and 20 . . . . .	21 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 . . . . .	22 (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 . . . . .	23 ( 6,155 )	( 3,546 )			
24 Income. Add positive amounts shown on line 22. Do not include any losses . . . . .	24				
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here . . . . .	25 ( 9,701 )				
26 Total rental real estate and royalty income or (loss). 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-1234PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code  
PUBLIC EMPLOYEES' RETIREMENT ASSOCIATION  
1301 PENNSYLVANIA STREET  
DENVER CO 80203

(800) 759-7372

**2013**Distributions From  
Pensions, Annuities,  
Retirement or  
Profit-Sharing Plans,  
IRAs, Insurance  
Contracts, etc.**Form 1099-R**

1 Gross distribution 13,003.04	2a Taxable amount 13,003.04	2b Taxable amount not determined 	Total distribution 
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

IRA/SEP/  
SIMPLE  
 8 Other  

%

9a Your percentage of total distribution	9b Total employee contributions	10 Amount allocable to IRR within 5 years	11 1st year of design. 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