



UNIVERSITY OF
NOTRE DAME

OFFICE OF STUDENT FINANCIAL SERVICES
FINANCIAL AID

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**VERIFICATION WORKSHEET
DEPENDENT STUDENT**

Student's Name _____ NDid _____
Last First

STEP 1 - Household Information

In the chart below include:

- Yourself
- Your parent(s) (including step-parent). Do not include your noncustodial parent.
- Your parent(s)' other dependent children if your parent(s) will provide more than half of their support from July 1, 2016 through June 30, 2017
- Other people only if they live with your parent(s) and your parent(s) provide more than half of their support and will continue to do so from July 1, 2016 through June 30, 2017

Full Name	Age	Relationship	Name of College	Undergrad/ Graduate	Half-time/ Full-time	Expected Grad Date
		<i>Self</i>				

STEP 2 - Student's Tax Filing Status – Calendar Year 2015

Have you filed or will you be required to file a 2015 U.S. Federal Income Tax Return?

- 1. Yes. Continue to STEP 3.
- 2. No, and I had no earnings from work. Please complete the STUDENT section in STEP4.
- 3. No, but I had some earnings from work. I have attached a copy of all my earning statements and W-2 forms for 2015 (if applicable). Please complete the STUDENT section in STEP4.

STEP 3 – Parent(s)' Tax Filing Status – Calendar Year 2015

Have your parent(s) filed or will they be required to file a 2015 U.S. Federal Income Tax Return?

- 1. Yes. Continue to STEP 4.
- 2. No, and my parent(s) had no earnings from work. Please complete the PARENT(S) section in STEP4.
- 3. No, but my parent(s) had some earnings from work. I have attached a copy of all my parent(s)' earning statements and W-2 forms for 2015 (if applicable). Please complete the PARENT(S) section in STEP4.

STEP 4 – Other Income Information – Calendar Year 2015

Please report all applicable income information for the parent(s) and student below for the calendar year 2015. Please indicate \$0 in any field that does not apply.

PARENT(S)		STUDENT
	Child support PAID to another household during 2015 (attach separate sheet if needed).	
\$	Paid for _____ Paid to _____	
\$	Paid for _____ Paid to _____	
\$	Paid for _____ Paid to _____	
\$	Child support you RECEIVED for all children (including the student) in 2015. Do not include foster care or adoption payments.	
\$	Payments to tax-deferred pension and retirement savings from Form(s) W-2 – Boxes 12a-12d with codes D, E, F, G, H, and S.	
\$	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from Form 1040 – line 28 + line 32.	
\$	Tax exempt interest income from Form 1040 – line 8b (or 1040A – line 8b).	\$
\$	Untaxed portions of (select one): ___ IRA distributions (Form 1040 – lines 15a minus 15b) and/or ___ pension/annuity distributions (Form 1040 – lines 16a minus 16b). Exclude rollovers.	
\$	Supplemental Nutrition Assistance Program (SNAP) (formerly known as food stamps) benefits – <i>please submit also, a copy of a letter or other documentation from the agency that issued the benefits your family received.</i>	
\$	Untaxed Social Security benefits – <i>please submit also, a copy of the Social Security Benefit Statement (SSA-1099) for each family member who received social security benefits in 2015.</i>	\$
	Taxable earnings from need-based employment programs, such as Federal Work-Study, AmeriCorps, and need-based portions of fellowships and assistantships.	\$
\$	Combat pay that was taxable and included in your adjusted gross income.	
\$	Housing, food, and other living allowance paid to members of (select one): ___ military or ___ clergy (including cash payments and cash value of benefits) Do not include value of on-base housing or basic military allowance for housing.	
\$	Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.	\$
\$	Untaxed portions of health savings accounts from Form 1040 – line 25.	
\$	Other untaxed income not reported elsewhere (e.g., workers' compensation, disability, etc.). Please specify source: _____	\$
\$	Money received or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$

I certify that all of the information reported on this worksheet is complete and correct. The student and student's parent must sign this worksheet.

Student Signature _____ Date _____

Parent Signature _____ Date _____