



2016-2017 INDEPENDENT VERIFICATION (V6) WORKSHEET

Your FAFSA was selected by the U.S. Department of Education for review in a process called "Verification." In this process Missouri S&T is required to compare information from your FAFSA with the information on this worksheet and with any other required documents. The law states we have the right to ask you for this information and review it for accuracy under the financial aid program rules (34 CFR, Part 688). **Verification must be completed before your financial aid will be credited to your student account.**

INSTRUCTIONS

1. Complete all sections of this worksheet **in full** (A-J). **Incomplete forms will be returned.**
2. After you (and your spouse, if married) have filed a 2015 Federal Income Tax Return with the IRS, log on to fafsa.gov and use the IRS Data Retrieval Tool (DRT) to transfer your 2015 tax information to your 2016-2017 FAFSA. For eligibility, instructions, and a tutorial please go to: sfa.mst.edu/forms/
3. All documents must be submitted by the following deadlines:
 - Fall 2016 Enrollment: October 31, 2016
 - Spring 2017 Enrollment: March 1, 2017
4. Please return all documents requested to our office via fax to (573)341-4274, email to sfa@mst.edu or mail to G-1 Parker Hall, 300 W 13th St, Rolla, MO 65409-0250.

A. Student Information

Last Name	First Name	M.I.
Daytime Phone number (include area code)	Date of Birth	Missouri S&T Student ID#

B. Family Information

Full Name			Relationship
Write the names of the people who you will support below: 1. Include yourself as the student. 2. Include your spouse (if married). 3. Include your dependent children if you proved more than half of their support between July 1, 2016 and June 30, 2017. 4. Include other dependents , if they now live with your household and you will continue to provide <i>more than half</i> of their support through June 30, 2017.			Write the relationship of each family member to the student in the chart below.
			College
			Add the name of the college for any household member who will be enrolled in a degree, diploma, or certificate program, at an eligible postsecondary educational institution <i>at least half-time</i> any time between July 1, 2016 and June 30, 2017
Age			
Write the age of each family member in the chart below.			
Full Name	Age	Relationship	College
		Self/Student	Missouri S&T

*If more space is required, attach a separate page.

C. Student Information (all applicants)

Student Name / S&T ID #:

Check only one box below regarding STUDENT Information

- a. I (and spouse) filed a 2015 Federal Tax Return and used the IRS DRT when filling out the FAFSA.
- b. I (and spouse) filed a 2015 Federal Tax Return and will provide a Federal Tax Return Transcript from the IRS.
- c. I (and spouse) was not employed, did not have income and not required to file a 2015 Federal Tax Return.
- d. I (and spouse) was employed and had income, but are not required to file a 2015 Federal Tax Return and I will list all my employer(s) and the amount that was earned in 2015 **in the chart below.**

COMPLETE ONLY IF BOX D. ABOVE IS CHECKED: Non-Tax Filers with 2015 earnings are federally required to submit a copy of W-2(s) from each employer to Missouri S&T with this form.

Name of Employer	Amount Earned in 2015
	\$
	\$
	\$

*If more space is required, attach a separate page.

Please fill out the following sections (D-I) using annual amounts. Provide the information below for both the student and spouse (if applicable). If an item does not apply, please enter N/A or "0". Incomplete forms will be returned.

D. Payments to tax-deferred pension and retirement savings

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D,E,F,G,H, and S. (Do NOT include code DD)

Name of Person Who Made the Payment	Total Amount Paid in 2015
	\$
	\$
	\$

E. Child support received

List the actual amount of any child support received in 2015 for the children in your household. **Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	Amount of Child Support Received in 2015
		\$
		\$
		\$

F. Housing, food and other living allowances

Include cash payments and/or the cash value of benefits paid to members of the military or clergy. **Do not include** the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2015
		\$
		\$

G. Veterans non-education benefits

Student Name / S&T ID #:

List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Do not include** federal veteran's educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2015
		\$
		\$
		\$

H. Other untaxed income

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability benefits, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040-line 25. **Do not include** any items reported or excluded in A – D above. In addition, **do not include** extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels. Other untaxed income not reported, such as workers' compensation, disability, etc.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2015
		\$
		\$

I. Money received or paid on the student's behalf

List any money received or paid on your behalf (e.g., payment of student's bills) and **not reported elsewhere on this form**. Enter the total amount of cash support you received in 2015. Include support from a parent. For example, if someone is paying rent, utility bills, etc., for you or gives cash, gift cards, etc., include the amount of that person's contributions.

Purpose: Cash, Rent, Books etc.	Amount Received in 2015	Source
	\$	
	\$	

J. Manually sign this Worksheet. Forms with electronic/typed signatures will be returned.

Each person signing certifies that all the information reported is complete and correct. The student must sign this worksheet. (If married, the spouse's signature is optional.)

Student _____

Date _____

Spouse _____

Date _____

Daytime Phone number (include area code) _____

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