



UNIVERSITY OF SOUTH CAROLINA REGIONAL CAMPUSES

Lancaster, Salkehatchie, Sumter, Union

FINANCIAL AID OFFICE

## 2008-2009 INSTITUTIONAL VERIFICATION FORM

### INDEPENDENT

We are required to verify the information that you reported on your application for Financial Aid. Please complete all sections on this form. Then sign and return it, along with all/any other required documents. Send this form and required documents to the appropriate Financial Aid Office. **We cannot continue or complete the processing of your financial aid application until all information requested is received and completed in its entirety.**

**Return signed completed form and all requested documents to:**

Financial Aid Office: University of South Carolina Lancaster  
Address: PO Box 889  
Lancaster, SC 29721-0889  
Phone: (803) 313-7068 Fax: (803) 313-7116

### HELPFUL INFORMATION

- ◆ Complete **all sections** of this form and make sure **you (and your spouse, if married) sign** the form (Section E). Failure to entirely complete or sign this form will result in a delay in processing your Financial Aid Application.
- ◆ Print the student's name and social security number at the top of all tax forms and other documents submitted to the Financial Aid Office and **make sure that at least one taxpayer signs each tax form copy that is submitted.**
- ◆ If you and your spouse, if married, are unable to locate a copy of your/his/her 2007 federal tax return, you may request a Letter 1722 or an RTFTP computer printout from the IRS by calling 1-800-829-1040. Explain to the IRS representative the purpose of our request and why you need this copy. When you receive the IRS form/printout, you or your spouse (the taxpayer) **must sign** the form/printout before submitting it to our office. **Note:** An **IRS Form 8453** (Request for Electronic Filing), a **Teletax**, a **Tax Recap Listing** from your tax preparer, and a **state tax return** **are not** acceptable documents and will not be accepted in place of a federal tax return.
- ◆ If you are currently separated but filed a joint tax return, you must provide copies of all 2007 tax schedules, copies of your spouse's W-2 forms, and copies of all other documents that your spouse were required to file with their 2007 federal tax return.
- ◆ See page 4 for information regarding "Who Must File A Tax Return."

<b>Section A: Student Information</b>
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Please Print

Last Name	First Name	M.I.	SSN (Last Four Numbers Only)
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<b>Section B: Information about You &amp; Your Family</b>
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Print clearly all the information requested.

**Complete the following:**

1. Your marital status at the time of completion of the FAFSA:  Married/Remarried     Single     Divorced or Widowed     Separated  
 Month and year you were married, separated, divorced, or widowed: \_\_\_\_\_/\_\_\_\_\_

**Write the names of all household members below:**

Include: (a) yourself and your spouse if you have one; and (b) your children, if you will provide more than half of their support from July 1, 2008 through June 30, 2009; and (c) other people if they now live with you and you provide 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.

Also, write in the name of the college for any family member who will be attending college at least half-time in the 2008-2009 school year (Fall 08 thru Summer 09 semesters) in an approved degree or certification program. If you need more space, attach a separate page.

Full Name	Date of Birth	Relationship to student	College attending in 2008-2009
1.		Self	USC-
2.			
3.			
4.			

(If more than 4 family members, \_\_\_check here and continue on a separate sheet of paper.)

<b>Section C: Information about You &amp; Your Family's Filing Status</b>
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**Check all that apply. Print clearly the last four numbers of the student's Social Security Number on the top of all tax forms submitted.**

Have filed or will file a 2007 federal income tax return form 1040, 1040A, 1040 EZ, Telefile tax record, Puerto Rico, or a foreign country. Attach a **signed** copy of the 2007 federal tax return(s), copies of **all** W-2 forms, and tax schedules. If an amended tax return was filed, the original **must** accompany the amended.

I (student)     Your Spouse

**Will not file and are not** required to file a 2007 federal tax return according to the IRS.

I (student)     Your Spouse

If you will not file and are not required to file, list below your/your spouse's employer(s) with the total amount earned from each employer in 2007. Attach copies of **all** W-2's or statements of earnings received. If there are no earnings, please put zeros.

Name of Employer	Student Earnings	Spouse Earnings
	\$	\$
	\$	\$
	\$	\$

## Section D: Information about Untaxed Income & Income Exclusion

Enter the information requested below for Calendar Year 2007: Report annual amounts. If none, enter zeros. Do not leave any part of this section blank.

Student/  
Spouse

### Worksheet A

\$	Welfare benefits, including Temporary Assistance for Needy Families (TANF). <u>Do not include food stamps or subsidized housing.</u>
\$	Social Security benefits received for all family members listed on the Household Questionnaire that were not taxed (such as SSI).
\$	<b>Totals</b>

Student/  
Spouse

### Worksheet B

\$	Payment to tax-deferred pension and savings plans including amounts reported on the W-2 Forms in box 12-a through 12d codes D, E, F, G, H, and S.
\$	Child support <b>received</b> for all children. <u>Do not include foster care or adoption payments.</u>
\$	Housing, food, & other living allowances paid to members of the military, clergy, and others (including cash payments & cash value of benefits).
\$	Veterans' non-education benefits such as Disability, Death pension, or Dependency & Indemnity Compensation (DIC) or VA Educational work-study allowance.
\$	Any other untaxed income or benefits not reported elsewhere on Worksheets A&B, such as workers' compensation, untaxed portions of railroad retirement benefits, Black Lung benefits, disability, etc. <u>Do not include student aid, Workforce Investment Act educational benefits, or benefits from flexible spending arrangements, e.g., cafeteria plans.</u>
\$	Money <b>received</b> , or paid on your behalf (e.g. bills), not reported elsewhere on this form.
\$	<b>Totals</b>

Student/  
Spouse

### Worksheet C

\$	Child support <b>paid</b> because of divorce or separation or as a result of a legal requirement.  Name of child _____ SSN _____ Amt. Paid \$ _____  Name of child _____ SSN _____ Amt. Paid \$ _____
\$	Taxable earnings from need-based employment programs such as Federal Work-Study and need-based employment portions of fellowships & assistantships.
\$	Student grant & scholarship aid reported to the IRS in your (or your spouse's) <u>adjusted gross income</u> includes Ameri-Corps benefits (awards, living allowances, & interest accrual payments) as well as grant or scholarship portions of fellowships & assistantships.
\$	<b>Totals</b>

## Section E: Certification Statement & Signatures

*By signing this form, I certify that all information and documents provided are true and complete to the best of our knowledge.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature (if applicable)

\_\_\_\_\_  
Date

## WHO MUST FILE A TAX RETURN?

Generally, the amount of income that dictates when a tax return should be filed is in Table 1.1. Additional filing requirements may also apply if you do fall into either of the categories listed in Table 1.1. See our Financial Aid Office for additional specified amounts.

**Table 1-1. 2007 Filing Requirements for Most Taxpayers**

IF your filing status is...	AND at the end of 2007 you were...*	THEN file a return if your gross income was at least...**
single	under 65	\$ 8,750
	65 or older	\$ 10,050
married filing jointly***	under 65 (both spouses)	\$ 17,500
	65 or older (one spouse)	\$ 18,550
	65 or older (both spouses)	\$ 19,600
married filing separately	any age	\$ 3,400
head of household	under 65	\$ 11,250
	65 or older	\$ 12,550
qualifying widow(er) with dependent child	under 65	\$ 14,100
	65 or older	\$ 15,150

\* If you were born on January 2, 1943, you are considered to be age 65 at the end of 2007

\*\* Gross income means all income you received in the form of money, goods, property, and services that is not exempt from tax, including any income from sources outside the United States (even if you may exclude part or all of it.) **Do not** include social security benefits as gross income unless you are married filing a separate return and you lived with your spouse at any time during 2007

\*\*\* If you did not live with your spouse at the end of 2007 (or on the date your spouse died) and your gross income was at least \$3,400 you must file a return regardless of your age.

### Who qualifies for filing as Head of Household?

If you are	And	Then...
Unmarried or considered unmarried the last day of the year	1) have a "qualifying person" living with you 2) paid more than half of the cost of keeping up a home from year to year 3) the "qualifying person" living with you more than half of the year (except for temporary absence, such as school)	You may be able to file as Head of Household
Considered married	1) have a "qualifying person" living with you 2) paid more than half of the cost of keeping up a home from year to year 3) the "qualifying person" living with you more than half of the year (except for temporary absence, such as school)	You <b>may not</b> be able to file as Head of Household
Married but living apart	1) have a "qualifying person" living with you 2) paid more than half of the cost of keeping up a home from year to year 3) the "qualifying person" living with you more than half of the year (except for temporary absence, such as school)	You <b>may not</b> be able to file as Head of Household

Caution: See IRS Publication 17 for other requirements you must meet to claim head of household filing status.

Financial Aid Office Use Only			
All documentation received with this form?	_____ Yes	_____ No	
	_____	_____	Date      Init.
If No, additional documentation requested:	_____	_____	Date      Init.
	_____	_____	Date      Init.
Screen 07 of the Financial Aid System completed: (Attach copy of all applicable pages of the Financial Aid System Screen 07)		_____	Date      Init.
Record recalculated:	_____ Yes	_____ No	If yes, attached copies of all pages of screen 32.
Revised record required:	_____ Yes	_____ No	