



SPARTANBURG METHODIST COLLEGE
Office of Financial Aid
 1000 Powell Mill Road, Spartanburg, SC 29301
 Phone: 864-587-4000 Fax: 864-587-4382

2011-2012 Independent Verification Worksheet for Federal Student Aid Programs

Section A. – Student Information

| | | | | |
|-------------------------------------|------------|------|---|----------|
| Last Name | First Name | M.I. | Social Security Number | |
| Permanent Address | | City | State | Zip Code |
| Student Home Telephone Number | | | Student Cell Phone Number, if available | |
| Student Email Address, if available | | | | |

Section B. – Family Information

List all the people in your household, include:

- yourself and your spouse if you are married
- your children if you will provide more than half of their support from July 1, 2011 through June 30, 2012
- other people if they now live with you and you provide more than half of their support and will continue to provide such support from July 1, 2011 through June 30, 2012.

Write the names and ages of all household members in the spaces below. Write the name of the college for any family member who will be attending college at least half-time between July 1, 2011 and June 30, 2012. If you need additional space, please attach a separate page.

| Full Name of Family Member | Relationship to Student | Age | Name of College/University Enrolled for 2010-11 |
|----------------------------|-------------------------|-----|---|
| 1. | Self | | Spartanburg Methodist College |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

Section C. – Tax Forms and Income Information

1.) Check one box for student and one box for spouse. If you did not keep a copy of your income tax returns, you must call the IRS at 1-800-829-1040. Follow the instructions until given the option to select a “tax return transcript” and then continue to follow the prompts.

| | | |
|--------------------------|--------------------------|---|
| Student: | Spouse: | |
| <input type="checkbox"/> | <input type="checkbox"/> | I HAVE ATTACHED a <i>signed</i> copy of my 2010 income tax returns. |
| <input type="checkbox"/> | <input type="checkbox"/> | I WILL FILE and submit a <i>signed</i> tax return to SMC by _____ (date). |
| <input type="checkbox"/> | <input type="checkbox"/> | I WILL NOT FILE and am not required to file a 2010 income tax return. |

(Continued on next page)

2.) **If you or your spouse DID NOT AND ARE NOT required to file a 2010 federal income tax return**, list below all employer(s) and any income or money received in 2010 (use and attach W-2 forms or other earning statements).

| Source of Income | Student Earnings | Spouse Earnings |
|------------------|------------------|-----------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

3.) **Both tax filers and non-tax filers must list all untaxed income received in 2010. IF THE ANSWER IS ZERO, PLEASE ENTER ZERO. LEAVE NOTHING BLANK.**

| Student | Spouse | CALENDAR YEAR 2010 |
|----------------|----------------|--|
| \$ per year | \$ per year | Child support paid by you because of a divorce or separation or as a result of a legal requirement. |
| \$ | \$ | Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships. |
| \$ | \$ | Student grant /scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorp benefits (awards, living allowances and interest accrual payments), as well as grant/scholarship portions of fellowships and assistantships. |
| \$ | \$ | <u>Taxable</u> combat pay or <u>taxable</u> special combat pay that was reported in your AGI. Do not report untaxed amounts from W-2 (Box 12, Code Q). Most combat pay is untaxed. |
| \$ | \$ | Payments to tax deferred pension and savings plans (paid directly or withheld from earnings) including, but not limited to, amounts reported on the W-2 form in boxes 12a-12d codes D,E,F,G,H,and S. |
| \$ per year | \$ per year | Child support received for all children. <u>Do not include foster care or adoption payments.</u> |
| \$ per year | \$ per year | Housing, food, & other living allowances paid to members of the military, clergy, and others (including cash payments & cash value of benefits). Don't include the value of on-base military housing or the value of basic military allowance for housing. |
| \$ per year | \$ per year | Veterans' non-education benefits such as Disability, Death Pension, Dependency and Indemnity Compensation (DIC), or VA Educational Work-Study allowance. |
| \$ per year | \$ per year | Any other untaxed income or benefits not reported elsewhere, <u>such as workers' compensation, disability, untaxed portions of railroad retirement benefits, Black Lung benefits, etc.</u> Do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, or benefits from flexible spending arrangements (e.g., cafeteria plans). |
| \$ per year | \$ per year | Money received, or paid on your behalf (e.g. bills) not reported elsewhere on this form. |

Section D. – Sign This Worksheet

By signing this worksheet, we certify that all the information reported on this worksheet is complete and correct.

Student _____

Date _____

Spouse _____

Date _____

WARNING:

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