



2010-2011 Independent Student Verification

Financial Aid Office

Your application was selected for review in a process called "Verification." The Federal Government requires that JSC collect the information on this form and you must return it with the required Federal Tax Returns including all Schedules with W-2's and/or earnings statements to the Office of Financial Aid at the address below. If there are differences between your application information and financial documents, we will send the corrections electronically to the Federal Processor to have your information reprocessed. You will then receive a corrected Student Aid Report (SAR). An incomplete or unreturned form may delay or result in the cancellation of your financial aid.

A. Student Information

Last Name	First Name	M.I.	Student ID#	
Address (include apt number)		City	State	ZIP Code
Daytime Phone Number (including area code)				

B. Family Information

1. List the names, ages, and relationship to you of the people in your household that you (or your spouse) will support between July 1, 2010 and June 30, 2011. Include your spouse, yourself, and your children. Include other people only if they now live with and receive more than half of their support from you (or your spouse) and will continue to get this support between July 1, 2010 and June 30, 2011. (Do not include foster children.)

2. Write in the name of the college for any family member who will be attending college at least half-time between July 1, 2010 and June 30, 2011 and will be enrolled in a degree or certificate program. Attach a separate sheet of paper if you have more than 6 family members.

<i>Family Member / Full Name</i>	<i>Age</i>	<i>Relationship</i>	<i>College</i>
1.		<i>Self</i>	<i>Johnson State College</i>
2.			
3.			
4.			
5.			
6.			

C. Child Support Paid in 2009

Report child support you or your spouse paid because of divorce or separation. Do not include support paid for children listed above.

Child Name(s) _____ Total paid in 2009 \$ _____

Be sure to complete and sign the reverse side of this Verification Form!

D. 2009 Federal Tax Form Information

Your Tax Returns must be signed. Unsigned Tax Returns will be returned to you.

If you (or your parent) did not keep a copy of your Federal Tax Return, contact the IRS Office at 1-800-829-1040 and request a "Tax Return Transcript".

Student and Spouse (if married)

- | | | |
|--|--------------------------|--------------------------|
| 1. Check box and attach signed 2009 Federal Tax Return. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Check box if you will not be filling a 2009 Federal Tax Return. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If you did not and will not file a 2009 Federal Tax Return, report earnings/wages (W-2's and/or other earnings statements are required) | \$ _____ | \$ _____ |
| 4. Federal Work-Study earnings and need based work programs. | \$ _____ | \$ _____ |

E. 2009 Untaxed Income Information

Do not leave any question blank, use 'zero' or 'n/a' if not applicable to you or your spouse. (Do not include student financial aid, Welfare, Social Security benefits or benefits from flexible spending arrangements, e.g. cafeteria plans.)

Student and Spouse (if married)

- | | |
|--|---|
| 1. Payments to tax-deferred pension and savings plans as reported on W-2 forms (boxes 12a-12d, codes D,E,F,G,H&S). Include 401(k) and 403(b) plans..... | 1. \$ _____ |
| 2. Child support received for all children. Do not include foster or adoption payments..... | 2. \$ _____ |
| 3. Housing, food, and other living allowances paid to members of the military, clergy, and others (include cash payments and cash value of benefits.)..... | 3. \$ _____ |
| 4. Veterans non-education benefits such as: Disability, Death Pension, Dependency & Indemnity Compensation (DIC), or VA Educ. Work-Study Allowances..... | 4. \$ _____ |
| 5. Workers' Compensation | 5. \$ _____ |
| 6. Disability benefits..... | 6. \$ _____ |
| 7. Money received/paid on your behalf (e.g. bills) not reported elsewhere..... | 7. \$ _____ |
| 8. Any other untaxed income not listed above. Identify source..... | 8. \$ _____ |
| 9. Do you receive Welfare benefits or untaxed Social Security benefits?.....
(Amounts do not need to be reported.) | 9. Yes <input type="checkbox"/> No <input type="checkbox"/> |

F. Sign this worksheet

All aid is awarded based on information available and considered at the time the award is made. The college reserves the right to make any changes necessary based on the receipt of new information.

By signing this worksheet, I/we certify that all the information reported to qualify for Federal student aid is complete and correct. The student must sign. If married, spouse's signature is optional.

Student Signature Date

Spouse Signature (optional) Date

Return this signed form, signed Federal Income Tax forms, and any other supporting documents to the address on the reverse side. Make a copy of this form for your records.

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

NOTE: Feel free to fax this form along with your signed Federal Tax Return to 802-635-1463.