

V6 Dependent Verification Document (V6-DEP)

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Federal law states, prior to awarding Federal Student Aid, we must verify the information reported on your FAFSA. In order to complete the verification process we may request additional documentation, as well as confirm the accuracy of the information provided. If there are discrepancies, we will make all necessary corrections for you. You and the parent listed on your FAFSA must complete, sign and submit this document along with any required documentation. Additional information may be requested. If you have questions about verification, contact your financial aid counselor in a timely manner in order to avoid delays in processing.

Please state which term and aid year that you will be attending:
A. STUDENT'S INFORMATION
First Name: MI: Last Name: Student's ID #: First Name: Student's ID #: Student's ID #: First Name: Student's ID #: Student
Student's Street Address (include apt. no.)
City: * Zip Code: *
Student's Date of Birth: Student's Email Address:
Student's Home Phone Number (include area code): Student's Alternate or Cell Phone

B. VERIFICATION OF IRS INCOME TAX RETURN INFORMATION FOR PARENT TAX FILERS

Important Note: The instructions below apply to the parent and spouse, if the parent is married. Notify the financial aid office if the parent and/or spouse filed separate IRS income tax returns.

Instructions: Complete this section if the parent and/or spouse <u>filed or will file</u> a IRS income tax return(s). *The best way to verify income is by using the IRS Data Retrieval Tool (IRS DRT) located on the financial information tab, on* the *FAFSA, at <u>www.fafsa.gov.</u>* In most cases, no further documentation is needed to verify IRS income tax return information when using the IRS DRT, as long as that information was not changed after the transfer.

In most cases, for electronic filers, IRS income tax return information for the IRS DRT is available within 2–3 weeks after the electronic IRS income tax return has been accepted by the IRS. Generally, for paper filers of IRS income tax returns, the IRS income tax return information is available for the IRS DRT within 8–11 weeks after the paper IRS income tax return has been received by the IRS. Contact the financial aid office if more information is needed about using the IRS DRT.

Check the box that applies:

- ⊕ The parent <u>has used</u> the IRS DRT in *FAFSA on the Web* to transfer IRS income tax return information into the student's FAFSA.
- € The parent <u>has not yet</u> used the IRS DRT in FAFSA on the Web, but will use the tool to transfer IRS income tax return information into the student's FAFSA once the IRS income tax return has been filed.
- € The parent is <u>unable or chooses not to use</u> the IRS DRT in *FAFSA on the Web*, and instead will provide the school an IRS Tax Return Transcript(s). (signature not required)

AND/OR

To obtain an IRS Tax Return Transcript, go to www.irs.gov and select "Get Transcript of your Tax Records" under orange Tool tab. Then you will select "Get Transcript Online" and proceed to create an account. Retrieve the IRS Code from the email address you provided (please note, IRS Code will expire in 30 min.) Enter your personal information, select Higher Education/Student Aid, and select the correct filing year, completing Steps 1-6. Your Tax Return Transcript is immediately available for print.

In most cases, for electronic filers, an IRS Tax Return Transcript may be requested from the IRS within 2–3 weeks after the tax return has been accepted by the IRS. Generally, for filers of a paper return, the tax return transcript may be requested within 8–11 weeks after the return has been received by the IRS.

- Check here if an IRS Tax Return Transcript(s) is provided.
- Check here if an IRS Tax Return Transcript(s) will be provided later.

C. VERIFICATION OF INCOME INFORMATION FOR PARENT NON-TAX FILERS

The instructions and certifications below apply to the parent(s)/step-parent. Complete this section if the parent(s)/step-parent will not file and <u>are not required</u> to file an income tax return with the IRS.

Check the box that applies:

- $_{\mbox{$\in$}}$ The parent(s)/step-parent were not employed and had no earned income.
- € The parent(s)/step-parent were employed and have listed below the names of all employers, the amount earned from each employer, and whether an IRS W-2 form is provided.

 (Provide copies of all IRS W-2 forms issued to the parent(s)/step-parent by their employers). List every employer even if the employer did not issue an IRS W-2 form.

Student's First Name	e* Student's Last Nam	student ID #:*		
W-2 was provided	. You may upload your	W-2's using the browse tab below.		, along with Employer's Name, Amount Earned, and if
College Circle, Swa	ainsboro 30401, fax to (4	478-289-2353) or email to <u>documents</u>	pload your w-2 s please mail the s <u>eega.edu,</u> and label with the Stu	W-2(s) to: Office of Student Affairs Financial Aid , 131 dent ID# listed on the front of the W-2's.
Emplo	yer's Name	Amount Earned	IRS W-2 Provide	d?
	Shop (example)	\$2,000.00	YES	
		J.		
UNUSUA	L CIRCUMSTANCES	INFORMATION FOR INDIVIDUES Follow circumstances that may apply to your the noted documentation required.)		refully
		Student ©		Parent €
Check if Applicable	IND	IVIDUALS GRANTED A FILING EXTE	NSION BY THE IRS	
€		uired to file an IRS tax return and has be e following documents:	een granted a filing extension	
		m 4868, "Application for Automatic Exte that was filed with the IRS;	ension of Time to File U.S. Individua	al
		pproval of an extension beyond the auto an additional extension of the filing time		
	employed, a signed s	or each source of employment income re tatement certifying the amount of the in tax paid for the tax year.		AGI)
Check if Applicable	INDIVI	DUALS WHO HAVE FILED AN AMENI	DED IRS TAX RETURN	
é	If an individual filed a	n amended IRS tax return, provide the f	following:	
	0 13	original IRS tax return that was filed wi	th the IRS OR an IRS Tax Return	
	Transcript; and • A signed copy of the the IRS.	IRS form 1040X, "Amended Individual	Income Tax Return," that was filed	with
Check if Applicable	INDI	VIDUALS WHO WERE VICTIMS OF IR	RS IDENTITY THEFT	
Ē	contact the IRS at 1-	ity theft who is not able to obtain an IR: 800-908-4490. Upon authentication of al Service, a printout of the tax filer's IF	f the tax filer's identity, the IRS will	Γ must
Check if Applicable	INDI	VIDUALS WHO FILED NON-IRS INCO	OME TAX RETURNS	
Ê	American Samoa, the	will file an income tax return with Puer e U.S. Virgin Islands, the Northern Maria d copy of that particular income tax retu	anas Islands), or with a foreign cour	

E. VERIFICATION OF OTHER UNTAXED INCOME

If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

If the student was required to provide parental information on the FAFSA, answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA.

To determine the correct annual amount for each item: If you received the same dollar amount for each month, multiply that amount by the number of months you received it. If you did not receive the same amount each month, add together the amounts and list below.

If more space is needed, provide a separate page with the student's name and ID number at the top of the page, along with the specifications of the document. (ex. Child Support Received, additional parent, John Doe, 930011111)

Name of Person who Made the	Contribution To	otal Yearly Amount Paid
	11	
CHILD SUPPORT RECEIVE	D	
the actual amount of any child support	received for the children in your household	
	option payments, or any amount that was co	
not include loster care payments, add	ption payments, or any amount that was co	our ordered but not actually paid.
Adult Recipient's Name	Supported Child's Name	Amount Received
	1	= -
MEMBERS OF THE MILIT. de cash payments and/or the cash value.		
MEMBERS OF THE MILIT. ude cash payments and/or the cash val-	ARY, CLERGY, AND OTHERS ue of benefits received. ary housing or the value of a basic military a	
MEMBERS OF THE MILIT. lude cash payments and/or the cash value.	ARY, CLERGY, AND OTHERS ue of benefits received.	
MEMBERS OF THE MILIT. lude cash payments and/or the cash value of on-base milit	ARY, CLERGY, AND OTHERS ue of benefits received. ary housing or the value of a basic military a	allowance for housing.
MEMBERS OF THE MILIT. lude cash payments and/or the cash value of on-base milit	ARY, CLERGY, AND OTHERS ue of benefits received. ary housing or the value of a basic military a	allowance for housing.
MEMBERS OF THE MILIT. lude cash payments and/or the cash value of on-base milit	ARY, CLERGY, AND OTHERS ue of benefits received. ary housing or the value of a basic military a	allowance for housing.
MEMBERS OF THE MILIT. lude cash payments and/or the cash value of on-base milit	ARY, CLERGY, AND OTHERS ue of benefits received. ary housing or the value of a basic military a	allowance for housing.
MEMBERS OF THE MILIT. lude cash payments and/or the cash value of on-base milit	ARY, CLERGY, AND OTHERS ue of benefits received. ary housing or the value of a basic military a Benefit Type Received	allowance for housing.
MEMBERS OF THE MILIT. clude cash payments and/or the cash value of on-base milit. Recipient's Name VETERANS NON-EDUCATI	ARY, CLERGY, AND OTHERS ue of benefits received. ary housing or the value of a basic military a Benefit Type Received ONAL BENEFITS ation benefits received. Include Disability, 1	Total Yearly Amount Receive
MEMBERS OF THE MILIT. lude cash payments and/or the cash value of on-base milit. Recipient's Name VETERANS NON-EDUCATI the total amount of veterans non-educatemity Compensation (DIC), and/or VA	ARY, CLERGY, AND OTHERS ue of benefits received. ary housing or the value of a basic military a Benefit Type Received ONAL BENEFITS ation benefits received. Include Disability, I Educational Work-Study allowances.	Total Yearly Amount Receive
MEMBERS OF THE MILIT. lude cash payments and/or the cash valuation of include the value of on-base milit. Recipient's Name VETERANS NON-EDUCATION of the total amount of veterans non-educatemity Compensation (DIC), and/or VA not include federal veterans education.	ARY, CLERGY, AND OTHERS ue of benefits received. Benefit Type Received Benefit Type Received ONAL BENEFITS ation benefits received. Include Disability, I Educational Work-Study allowances. nal benefits such as: Montgomery GI Bill, D	Total Yearly Amount Receive
MEMBERS OF THE MILIT. lude cash payments and/or the cash valuation of include the value of on-base milit. Recipient's Name VETERANS NON-EDUCATION of the total amount of veterans non-educatemity Compensation (DIC), and/or VA not include federal veterans education.	ARY, CLERGY, AND OTHERS ue of benefits received. Benefit Type Received Benefit Type Received ONAL BENEFITS ation benefits received. Include Disability, I Educational Work-Study allowances. nal benefits such as: Montgomery GI Bill, D	Total Yearly Amount Receive
MEMBERS OF THE MILIT. lude cash payments and/or the cash value not include the value of on-base milit Recipient's Name VETERANS NON-EDUCATI t the total amount of veterans non-educatemity Compensation (DIC), and/or VA not include federal veterans education gram, VEAP Benefits, Post-9/11 GI Bill.	ARY, CLERGY, AND OTHERS ue of benefits received. Benefit Type Received Benefit Type Received ONAL BENEFITS ation benefits received. Include Disability, I Educational Work-Study allowances. nal benefits such as: Montgomery GI Bill, D	Total Yearly Amount Receive

Student's Last Name*

Student's First Name*

Student ID #:*

v. OTHER UNTAXED INCOME

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as Worker's Compensation, Disability, Black Lung Benefits, Untaxed Portions of Health Savings Accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

Do not include any items reported or excluded in A-D above. In addition, do not include Student Aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), Untaxed Social Security Benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) Educational Benefits, Combat Pay, Benefits from Flexible Spending Arrangements (e.g., cafeteria plans), Foreign Income Exclusion, or Credit for Federal Tax on Special Fuels.

Student's First Name* Student's Last Name*	Student Identification (ID)#:*		
OTHER UNTAXED INCOME (cont'd)	ı		
Recipient's Name	Other Type of Untaxed Income	Total Yearly Amount Received	
			=
		I	_
vi. MONEY RECEIVED OR PAID	O ON THE STUDENT'S BEHALF		
Tiet and the students	matic behalf (e.g. mannes out of studentia billa)	dt	
List any money received or paid on the stude form. Enter the total amount of cash support		and not reported eisewhere on this	
Include support from a parent whose inforn	nation <u>was not</u> reported on the student's cur	rent FAFSA, but <u>do not</u> include	
support from a parent whose information was	s reported.		
For example, if someone is paying rent, utilit			
person's contributions unless the person is current FAFSA.	s the student's parent whose informat	ion is reported on the student's	
Amounts paid on the student's behalf also inc	lude any distributions to the student from a	529 plan owned by someone other	
than the student's parents, such as grandpare			
Purpose: e.g., Cash, Rent, Books	Source	Total Yearly Amount Received	٦
Turpose, e.g., easii, kein, books	Source	Total Tearly Amount Received	=
vii. ADDITIONAL FINANCIAL IN	NFORMATION		
In order to fully understand the student's fam	silv's financial cituation, provide below any a	dditional information regarding	
resources, benefits, and other amounts receiv			
This may include items that were not require	d to report on the FAFSA or other forms sub	omitted to the financial aid office. Also	
include, such information as Federal Veterans	s Education Benefits, Military Housing, SNA	P Amounts, TANF Amounts, etc.	
If more space is needed, provide a separate p	age with the student's full name and ID# at	the top.	
Recipient's Name	Type of Financial Support	Total Yearly Amount Received	¬
		1000110011911110011011001100	
			_
Comments:			<u> </u>
F. VERIFICATION OF IRS INCOME	TAX RETURN INFORMATION FO	R STUDENT TAX FILERS	
Important Note: <i>The instructions below a instructions.</i>	pply to the dependent student. If the studen	nt filed, or will file, an amended IRS tax ret	turn, see the previous section (D) for further
Instructions: Complete the following sectio	on if the dependent student filed or will file ar	IRS income tax return(s). The best way to	o verify income is by using the IRS Data
Retrieval Tool (IRS DRT) on the Financial Intransferred to the FAFSA was not changed.			
In most cases, for electronic filers, IRS tax ret Generally, for filers of paper tax returns, infor information is needed about using the IRS DR	mation is available within 8–11 weeks after t		return has been accepted by the IRS. he IRS. Contact the financial aid office if more
Check the box that applies:			
€ The student <u>has used</u> the IRS DRT in <i>F</i> student's FAFSA.	FAFSA on the Web to transfer IRS income ta	x return information into the	
	RT in FAFSA on the Web, but will use the too ace the IRS income tax return has been filed.		

 $_{\odot}$ The student is <u>unable or chooses not to use</u> the IRS DRT in *FAFSA on the Web*, and instead will provide the school an IRS Tax Return Transcript(s). (signature not required)

Student's First Name*	Student's Last Name*	Student Identification (ID)#:*

To obtain an IRS Tax Return Transcript, go to www.irs.gov and select "Get Transcript of Your Tax Records" under orange Tool tab. Then select "Get Transcript On-line" and proceed to create an account. Retrieve the IRS Code from the email address you provided (please note, the IRS Code will expire in 30 min.) Enter your personal information, select Higher Education/Student Aid, and select the correct filing year, completing steps 1-6. Your Tax Return Transcript is available immediately for print.

In most cases, for electronic filers, an IRS Tax Return Transcript may be requested from the IRS within 2–3 weeks after the tax return has been accepted by the IRS. Generally, for filers of a paper return, the tax return transcript may be requested within 8–11 weeks after the return has been received by the IRS.

Check the box that applies:

- Check here if an IRS Tax Return Transcript(s) is provided.
- Check here if an IRS Tax Return Transcript(s) will be provided later.

G. VERIFICATION OF INCOME INFORMATION FOR STUDENT NON-TAX FILERS

The instructions and certifications below apply to the student. Complete this section if the dependent student will not file and is not required to file an income tax return with the IRS.

- $_{\mbox{\scriptsize \mathbb{R}}}$ The student was not employed and had no earned income from employment.
- e The student was employed and has listed below the names of all employers, the amount earned from each employer, and whether an IRS W-2 form is provided. (Provide copies of all IRS W-2 forms issued to the student by their employers). List every employer even if the employer did not issue an IRS W-2 form.

If more space is needed, please contact our office via email at $\underline{documents@ega.edu}$. **INCLUDE your Student ID#, along with Employer's Name, Amount Earned, and if W-2 was provided. You may upload your W-2's using the browse tab below.

Please note** NO PICTURES of W-2's will be accepted. If you are not able to upload your W-2's please mail (Office of Student Affairs/Financial Aid , 131 College Circle, Swainsboro 30401), fax (478-289-2353) or email (documents@ega.edu) the W-2's with the Student ID# listed on the front of the W-2's.

Employer's Name	Total Yearly Amount Earned	IRS W-2 Provided?
Suzy's Auto Shop (example)	\$2,000.00	YES

Number of Household Members and Number in College (Dependent Student)

The Parent's household Includes:

- The student.
- The parent(s) (including a step-parent) even if the student does not live with the parents.
- The parent's other children if the parent(s) will provide more than half of their support from July 1st through June 30th, or if the other children would be required to provide parental information if they were completing a FAFSA. Include children who meet either of these standards even if the children do not live with the parent(s).
- Other people if they now live with the parent(s), and the parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30th.

List below \underline{ALL} people, in the $\underline{parent's\ household}$ as described above.

However, list the name of the college for any household member, excluding the parent(s), who will be enrolled <u>at least half time</u> in a degree, diploma, or certificate program at an eligible post-secondary educational institution any time between July 1st and June 30th.

If additional space is needed, please contact our office via email at documents@ega.edu**INCLUDE your Student ID#, along with Household Member's Name, Age, Relation to Student, College Name, and Enrollment Status.

Full Name	Age	Relationship	College	Half-time Enrollment (Yes or No)

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible post-secondary educational institutions is inaccurate.

Student's First Name* Student Identification (ID) #:*					
H. RECEIPT OF SNAP BENEFITS The parent(s) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) anytime during the past two years.					
SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243). No SNAP benefits were received at any time during the past two years.					
Note: If we have reason to believe that the in benefits any time during the past two years.		, ₇ 1			
I. CHILD SUPPORT PAID					
One of the parents or the student in the house support was paid, the names of the children for					
If additional space is needed, please contact of Support, Name of person to Whom the support					
Name of Person Who Paid Child Support	Name of Person <i>to Whom</i> Child Support was Paid	Name of <i>Child</i> for Whom Support Was Paid	Amount of Child Support Paid		
]				
Note: If we have reason to believe that the in		• •	tation, such as:		
*A copy of the separation agreement or divorce be provided;	ce decree that shows the amount of child supp	port to			
*A statement from the individual receiving the	e child support certifying the amount of child	support			
received; or					
*Copies of the child support payment checks of	or money order receipts.				
WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.					
Certifications and Signatures Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign electronically and date.					
**Please continue to the next page in order to sign electronically.					
Student's Signature: Date: Parent's Signature: Date:					
1 arcin s dignature					
(Financial Aid Office Use Only) KEY_AIDYEAR: * KEY_BANID: * Processed By: *					