

**2016-2017 Institutional Verification Form (Parent)**

Your student's Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification (CFR Title 34, Part 668). In this process, Iowa State University will be comparing information from your student's FAFSA with copies of student's and parent's 2015 Federal Tax Return Transcripts, W-2 forms or other financial documents. If there are differences between your student's FAFSA information and verification documents provided, the Office of Student Financial Aid may make corrections to your student's FAFSA using the information provided in the verification process. The legal parent(s) on the FAFSA should be the parent(s) to complete and sign this form.

Any verification documents with missing or incomplete information cannot be processed. An email notification will be sent to the parent's email address, if listed on this form, requesting corrections be made. Resubmit a corrected verification form as soon as possible to avoid delay in approval of your student's financial aid. This form must be **completed in blue or black ink.**

**A. Parent Information: The legal parent(s) listed on the FAFSA**

Parent(s) Name: \_\_\_\_\_

Parent(s) Phone: \_\_\_\_\_ Parent(s) Email: \_\_\_\_\_

**Parent(s) Marital Status:**

- If the student's parent(s) are separated or divorced, answer the questions concerning the parent with whom the student lived with the most in the past 12 months. If the student did not live with one parent more than the other, give answers about the parent who provided more financial support during the past 12 months or during the most recent year the student actually received support from a parent. This parent is the student's legal parent (biological and/or adoptive), and should also be the parent listed on the FAFSA.
- If the student's legal parent is remarried, complete this form with information pertaining to the legal parent and stepparent. The stepparent should also be listed on the FAFSA.
- Include same-sex parents who were married in a state that recognizes same-sex marriage.
- Include both parents if living together but not married.
  - Parent(s) are: Mother  Father  Stepmother  Stepfather  **(check all that apply)**
  - As of today, the current marital status of the legal parent(s) is:  
Never Married  Married  Remarried  Separated  Divorced  Widowed  Unmarried but living together
  - Date of the legal parent's marital status: \_\_\_\_\_ OR Does not apply   
(i.e. date legal parent(s) was married, divorced, separated, etc. Do not use today's date).
  - If applicable, does the state in which the legal parents were married recognize same-sex marriage?  
Yes  No  Does not apply

**B. Write the names of all household members; include yourself as the legal parent(s).**

The legal parent's household can include:

- The student.
- The legal parent/stepparent(s).
- The legal parent/stepparent(s) children, **if** they will receive more than half of their support from the legal parent/stepparent(s) from July 1, 2016, through June 30, 2017.
- Other dependents, **if** they now live with the legal parent/stepparent(s), **and** currently receive more than half of their support from the legal parent/stepparent(s), **and** will continue to do so from July 1, 2016 through June 30, 2017.

Full name of family members in the household. Start with student(s).	Relationship to Student	Birthday mm/yy	Name of the college for any family member (excluding parents) who will be working toward a degree or certificate and will be enrolled at least ½ time during 2016-17 academic year.	Grade Level in College	High School Graduate by September 2016
1.	Student		Iowa State University, Ames, IA		Yes <input type="checkbox"/> No <input type="checkbox"/>
2.					Yes <input type="checkbox"/> No <input type="checkbox"/>
3.					Yes <input type="checkbox"/> No <input type="checkbox"/>
4.					Yes <input type="checkbox"/> No <input type="checkbox"/>
5.					Yes <input type="checkbox"/> No <input type="checkbox"/>
6.					Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional household members can be included on a separate sheet of paper.

Total in Household \_\_\_\_\_

Total in College \_\_\_\_\_



### C. Parent(s) Tax Forms and Income Information

CHECK ONE:	IF YOU:	PARENT MUST:															
<input type="checkbox"/>	USED the IRS Data Retrieval Tool to transfer 2015 tax data to the FAFSA and made no changes to the information after uploaded.	Complete this Verification Worksheet and return it to our office. (You DO NOT NEED to provide a copy of your IRS Tax Return Transcript at this time.)															
<input type="checkbox"/>	DID NOT (or could not) transfer your 2015 income information to the FAFSA using the IRS Data Retrieval Tool.	Complete this Verification Worksheet and return it to our office. Attach a copy of your official 2015 IRS Tax Return Transcript, not an Account Transcript. <a href="http://www.financialaid.iastate.edu/forms/?doc=5118">http://www.financialaid.iastate.edu/forms/?doc=5118</a>															
<input type="checkbox"/>	DID NOT work and WILL NOT file a 2015 Federal Tax Return.	Complete this Verification Worksheet and return it to our office. List your source of income (i.e. Disability, pension, etc.) <b>Source:</b> _____															
<input type="checkbox"/>	Filed a foreign return or had foreign income	Complete this Verification Worksheet and return it to our office. Provide an English translation of the foreign financial documents. If you filed a Puerto Rico tax return, provide a signed copy of the 2015 Puerto Rico 1040 tax return (does not need to be translated).															
<input type="checkbox"/>	WORKED, but NOT REQUIRED TO FILE a 2015 Federal Tax Return.	<p>Complete this Verification Worksheet and return it to our office. Attach copies of all your 2015 W-2 forms. List below every employer even if the employer did not issue a W-2.</p> <table border="1"> <thead> <tr> <th>Parent(s) Employer Name</th> <th>2015 Amount Earned</th> <th>IRS W-2 Issued? Y/N</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td></td> <td>\$</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td></td> <td>\$</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td></td> <td>\$</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </tbody> </table>	Parent(s) Employer Name	2015 Amount Earned	IRS W-2 Issued? Y/N		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Exceptions:**

**Amended Tax Filers:**

If you filed, or will file an amended 2015 Federal Tax Return, you must submit a copy of your original Tax Return Transcript as well as a signed copy of your amended Federal Tax Return (IRS 1040-X) even if you used the IRS Data Retrieval Tool. The IRS Data Retrieval Tool does not reflect the amended return information.

**Extension Tax Filers:**

If you filed a Federal Tax Extension, IRS Form 4868, AND WILL NOT FILE YOUR TAXES BEFORE SCHOOL STARTS ON AUGUST 22nd, you must turn in a copy of Form 4868 along with all W-2's, or income statements if self-employed.

### Rollover or Distribution

If there is a dollar amount on your 2015 Federal Tax Return for IRA Distributions (1040-Line 15a, 1040A-Line 11a) or Pensions and Annuities (1040-Line 16a, 1040A-Line 12a) this may be from an untaxed IRA, pension or annuity. Please indicate whether these funds resulted from a rollover, distribution or life insurance policy. If you are unsure if it was a rollover, please contact your tax preparer. Additional documentation may be required (see below).

- The IRA, pension or annuity WAS a "rollover". Provide a copy of your 2015 1099-R(s).
- The IRA, pension or annuity WAS NOT a "rollover".
- The amount was from a life insurance policy.
- There is no amount on these lines.

### Rental real estate, royalties, partnerships, S corporations, trusts, etc.

- There is an amount listed in the Rent/Royalty/Partnership/Estate (1040-Line 17) of your 2015 Federal Tax Return.
- The income reported in Line 17 was from a Schedule K-1 Form 1065? If the amount came from a Schedule K-1 Form 1065, what is the amount from box 14, letter "A" of the 1065? \$ \_\_\_\_\_
- The income reported was not from a Schedule K-1 Form 1065.
- There is no amount on these lines.

**D. W-2 Information**

Was either parent issued 2015 W-2(s)? Yes  No

If yes, review all codes in box(es) 12,12a-12d on the W-2. List below Box number (#), code and dollar amount (\$).

Box# \_\_\_\_\_ Code \_\_\_\_\_ \$ \_\_\_\_\_      Box# \_\_\_\_\_ Code \_\_\_\_\_ \$ \_\_\_\_\_  
 Box# \_\_\_\_\_ Code \_\_\_\_\_ \$ \_\_\_\_\_      Box# \_\_\_\_\_ Code \_\_\_\_\_ \$ \_\_\_\_\_

**There are no amounts in these boxes.**

**E. Child Support Paid**

Did you (or your spouse) pay child support in 2015? Yes  No

If yes, provide the information below.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support Was Paid	Name and Age of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015
1.			\$
2.			\$
3.			\$
4.			\$

(Documentation of the payment of child support may be requested.)

**F. Additional Parent Financial Information**

If your answer is zero or does not apply, enter 0 (zero). **Do not leave blank.**

Annual child support <b>received</b> for all children. Do not include foster care or adoption payments.	\$
List housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits).  <b>For members of the military:</b> Do not include BAH or the value of on-base military housing. Do include BAS.	\$
List other untaxed income not reported, such as workers' compensation, disability, veterans' noneducation benefits, Health Savings Account (IRS Form 1040 Line 25), etc.  <b>Do not include</b> student financial aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.  <b>List source(s) of other untaxed income:</b> _____	\$

**G. Signature**

By signing this worksheet, I certify that all the information reported is complete and correct. I understand if I purposely give false or misleading information on this worksheet, I may be fined up to \$20,000, sent to prison, or both. I am also granting the Office of Student Financial Aid permission to update the FAFSA through the Federal Student Aid online correction tool to match the values found on this and other verification documents you have or will provide.

\_\_\_\_\_  
Parent Signature (only one parent signature required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
University ID, Student 1

\_\_\_\_\_  
University ID, Student 2

\_\_\_\_\_  
University ID, Student 3

\_\_\_\_\_  
University ID, Student 4