

SECTION B: TAX FILER INFORMATION

FOR THE STUDENT

Tax returns include the Federal 2016 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return.

- Check here if you have filed and had your tax documents imported from the IRS website directly.
- Check here if you will **not** file and are **not** required to file a 2016 U.S. Income Tax Return. List amount earned here _____. **Please send in a copy of all 2016 W-2 forms if available.**
- Student was required to file a 2016 income tax return. Attach IRS tax transcript(s) if the IRS Database match was not used on the FAFSA.
- Student filed an extension and will provide the financial aid office IRS Form 4868 and all W-2 Forms.
- Student provided IRS tax return transcript with verification worksheet.

FOR THE PARENTS

Tax returns include the Federal 2016 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return.

- Check here if you have filed and had your tax documents imported from the IRS website directly.
- Parent/Spouse will not and is not required to file a 2016 Income Tax Return. List the amount earned here _____. **Please send in a copy of all 2016 W-2 forms if available.**
- Parent/Spouse was required to file a 2016 income tax return. Attach IRS tax transcript(s) if the IRS Database match was not used on the FAFSA.
- Parent/Spouse filed an extension with the IRS and will provide the financial aid office, IRS Form 4868 and all W-2 Forms.
- Parent/Spouse provided IRS tax return transcript with verification worksheet.

SECTION C: FOOD STAMPS—SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Please confirm the following for anyone who is living in your household. (Please respond to either the dependent questions or the independent questions – not both)

- DEPENDENTS:* My parents received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2016 calendar year.
- DEPENDENTS:* My parents **DID NOT** receive SNAP benefits during the 2016 calendar year.
- INDEPENDENTS:* My spouse or I received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2016 calendar year.
- INDEPENDENTS:* My spouse or I **DID NOT** receive SNAP benefits during the 2016 calendar year.

****If anyone in your household did receive SNAP benefits (food stamps), please supply documentation from the agency that issues SNAP benefits.**

SECTION D: CHILD SUPPORT PAID

Please confirm the following for anyone who is living in your household. (Please respond to either the dependent questions or the independent questions – not both)

(Dependents should include information about parents and anyone supported by and living in your parent’s household.)

- DEPENDENTS:* My parents paid child support during the 2016 calendar year (Complete the chart below).
- DEPENDENTS:* My parents **DID NOT** pay child support during the 2016 calendar year (Skip to Section E).

(Independents should include information about their spouse and any children they support.)

- INDEPENDENTS:* My spouse or I paid child support during the 2016 calendar year (Complete the chart below).
- INDEPENDENTS:* My spouse or I **DID NOT** pay child support during the 2016 calendar year (Skip to Section E).

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Child Support was Paid	Amount of Child Support Paid in 2016
			\$
			\$
			\$

SECTION E: OTHER UNTAXED INCOME

1. 2016 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 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. **Don't include** amounts reported in code DD (employer contributions toward employee health benefits)

Name of Person Who Made the Payment	Total Amount Paid in 2016

2. 2016 IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040-line 28+line 32 or 1040A-line 17.

Parents \$ _____ Self \$ _____

3. Child support received for any of your children in 2016 (**do not include** foster care or adoption payment, or any amount that was court ordered but not actually paid.)

Name of person Who Received Child Support	Name of Person to Whom Child Support was Received	Amount of Child Support Received in 2016

4. 2016 Tax exempt interest income from IRS Form 1040-line8b or 1040A-line8b.

Parents \$ _____ Self \$ _____

5. 2016 Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). **Exclude rollovers.** If negative, enter zero.

Parents \$ _____ Self \$ _____

6. 2016 Untaxed portions of pension s from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). **Exclude rollovers.** If negative, enter zero.

Parents \$ _____ Self \$ _____

7. 2016 Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.

Name of Person Who Made the Payment	Total Amount Paid in 2016

8. 2016 Veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educations Work-Study allowances (Do not include federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, or Post-9/11 GI Bill).

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2016

9. 2016 Other untaxed income not reported and not excluded elsewhere on this form. **Include** untaxed income such as workers compensation, disability, Black Lung Benefits, Railroad Retirement Benefits, etc. Also include the untaxed portion of health savings accounts from IRS Form 1040 – line 25. **Do not include** any items including extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income excluding or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Amount of Untaxed Income Received in 2016

10. Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form. Enter the total amount of cash support you received in 2016. Include any money that you received from a non-custodial parent that is not part of a legal child support agreement and any distributions to you from a 529 plan owned by someone other than you or your parents, such as grandparents, aunts, and uncles.

Name of Recipient	Type of Other Untaxed Income	Amount of Untaxed Income Received in 2016

11. Please explain on the back of this form or on a separate page in further detail how you/your parents were able to support your household for 2016.

EXPLANATION:

WARNING: If you purposely give false or misleading information to help establish eligibility for federal student aid, you may be subject to a \$20,000 fine, a prison sentence, or both.

By signing this worksheet, I (we) certify that all the information reported to qualify for federal student aid is complete and correct. At least one parent must sign if you are a dependent student.

 Student Date Parent (or Spouse) Date

You should make a copy of this worksheet for your records. Do not mail this worksheet to the Department of Education.

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 400 S Jefferson, Hillsboro, KS 67063-1799
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 7348 W 21st ST, Suite 117, Wichita, KS 67205
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