

## INSTRUCTIONS

Your 2018-19 FAFSA has been selected by the U.S. Department of Education for federal verification, a process which requires us to verify certain data fields from your FAFSA. **Please review the complete instructions at [www.finaid.udayton.edu/verification](http://www.finaid.udayton.edu/verification)** and contact us with any questions. This process must be completed before we can apply your aid to your account; therefore we encourage you to submit all requirements within **30 days of receipt of request**. For your convenience, you can [email, mail or fax](#) the documentation to us. **Failure to comply with this request may jeopardize your award for the year.**

## STUDENT INFORMATION

Student's Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
Last First MI

Permanent Address \_\_\_\_\_  
Street Address City State Zip

SSN (optional) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**For financial aid purposes, a 'dependent' student is one who is required to provide parental information on the FAFSA.**

## 2016 FEDERAL TAX RETURN FILING STATUS

### Student (& Spouse) Filing Status *(all students)*

**Tax Filers:**

- I (We) filed a 2016 federal return and used the **IRS DRT** via the FAFSA **or** will provide/have provided an **IRS tax return transcript or** will provide/have provided a **signed copy** of foreign tax return
- I (We) had to amend my 2016 federal return so will submit both a signed copy of my **IRS 1040X** form filed with the IRS, **and** a copy of my **IRS tax return transcript** showing original data
- I was a (We were) victim(s) of **IRS tax-related identity theft**, so will submit both a Tax Return DataBase View (TRDBV) transcript or regular IRS tax transcript(s); **and** a statement signed and dated by me (or my spouse) indicating that I (or my spouse) was a victim of IRS tax-related identity theft and that the IRS is aware of the tax-related identity theft.
- I (We) will file but have yet to file my 2016 return and have attached copies of IRS Form 4868 **and** all W-2s related to my (our) 2016 earnings.

**Non-Tax Filers:** *(select all that apply)*

- I (We) did not file and are not required to file a 2016 return because either I was not employed, so had no earnings in 2016; **or** had \$ \_\_\_\_\_ earnings in 2016 **and** Copies of W-2s from **all** employers **are included or** W-2s were not issued for 2016 but my employer(s) was/were \_\_\_\_\_

I'm an independent student per FAFSA guidelines and have requested/attached the **IRS Verification of Non-filing Letter. (Required)**

### Parent(s) Filing Status *(dependent students only)*

**Tax Filers:**

- My parents filed their 2016 return and used the **IRS DRT** via the FAFSA **or** will provide/have provided an **IRS tax return transcript or** will provide/have provided a **signed copy** of foreign tax return
- My parents had to amend their 2016 return so will submit both a signed copy of their **IRS 1040X** form filed with the IRS, **and** a copy of their **IRS tax return transcript** showing original data
- My parents were victims of **IRS tax-related identity theft**, so will submit both a Tax Return DataBase View (TRDBV) transcript or regular IRS tax return transcript(s); **and** a statement signed and dated by the tax filer indicating that he or she was a victim of IRS tax-related identity theft and that the IRS is aware of the tax-related identity theft.
- My parents will file but have yet to file their 2016 return and have attached copies of IRS Form 4868 **and** all W-2s related to their 2016 earnings.

**Non-Tax Filers:** *(select all that apply)*

- My parent(s) did not file and are not required to file a 2016 return(s) because either they were not employed, so had no earnings in 2016; **or** parent 1 earned \$ \_\_\_\_\_ from work parent 2 earned \$ \_\_\_\_\_ from work **and** Copies of W-2s from **all** employers **are included or** W-2s were not issued for 2016 but their employer(s) was/were \_\_\_\_\_

**and** My parents have requested/attached the **IRS Verification of Non-filing Letter. (Required)**

## HOUSEHOLD INFORMATION

**Dependent Students:** List the people within your parents' household **for whom your parent(s) will provide at least half of their support\* between July 1, 2018 and June 30, 2019.** Also, please indicate in the space below if a household member will be enrolled in college **at least half-time** in a degree, diploma or certificate program at an eligible postsecondary educational institution any time **between July 1, 2018 and June 30, 2019,** by listing the name of the college and grade level.

Include the following:

- Yourself (even if you do not live with your parents) **and**
- Your parent(s) **and**
- Your parent(s)' other children **and**
- Other people if they now live with your parents and your parents provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2019;

**Independent Students:** List the people within your household **for whom you will provide at least half of their support\* between July 1, 2018 and June 30, 2019.** Also, please indicate in the space below if a household member will be enrolled in college **at least half-time** in a degree, diploma or certificate program at an eligible postsecondary educational institution any time **between July 1, 2018 and June 30, 2019,** by listing the name of the college and grade level.

Include the following:

- Yourself **and**
- Your spouse (if you have one) **and**
- Your children **and**
- Other people if they now live with you and you or your spouse provides more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2019.

*\* Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.*

**Please read guidelines above before completing. Attach extra page if needed.**

Family Member	Age	Relationship to Student	College Name and Grade Level for 2018-19
		<b>SELF</b>	

### Signature(s) - REQUIRED

I (We) hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my (our) knowledge. I (We) understand that if I (we) receive federal student aid based on incorrect information, I (we) will need to repay it; I (we) may be required to pay fines and fees.

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent (if dependent) \_\_\_\_\_ Date \_\_\_\_\_

**Office of Financial Aid**  
 300 College Park  
 Dayton, Ohio 45469-1605  
 FAX: 937-229-4338  
 finaid@udayton.edu  
[www.finaid.udayton.edu](http://www.finaid.udayton.edu)