INDEPENDENT STUDENT INCOME WORKSHEET

Student's Printed Name: _____FMU ID or SSN_____

There is a discrepancy in the student income information that was reported on your Student Aid Report (SAR) and verification form. We must determine the source of this income, if any, before your file can be awarded. Completing this form will assist us in this process.

Check appropriate answer (and/or circle for spouse):

_____ I (and/or my spouse) **did not work or file** a 2016 US Federal income tax return, or a tax return for Puerto Rico, or a tax return for a foreign country.

_____ I (and/or my spouse) **worked and YES have filed** a 2016 US Federal income tax return, or a tax return for Puerto Rico, or a tax return for a foreign country.

_____ I (and/or my spouse) **worked, but have NOT filed** and am not required to file a 2016 US Federal income tax return, or a tax return for Puerto Rico, or a tax return for a foreign country.

IMPORTANT: Whether you (and/or spouse) worked or did NOT work in 2016, you must provide an IRS tax return transcript or verification of non-filing letter along with this form to the Office of Financial Assistance.
To obtain an IRS tax return transcript, go to www.IRS.gov or call 1-800-908-9946. Make sure to request the "IRS tax return transcript" and not the "IRS tax account transcript".

If you, the student(and/or spouse) worked but DID NOT file a 2016 Federal tax return, the following information must also be provided:

You reported on the SAR that your income for 2016 was $_____.
Note: This income information was taken from your SAR and placed on this form as a reference for you

List the source(s) of this income. **DO NOT LEAVE THIS SECTION BLANK. YOU MUST ALSO SUBMIT A COPY OF ALL W-2'S RECEIVED AND VERIFICATION OF NON-FILING LETTER.**

Source(s) of income (ex: bartending, child support, etc.)	Amount of Earnings	W-2 (Yes or No)
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
Total Student Income for 2016	**$_____**	

SIGN THIS FORM:
By signing this form, I certify that the information provided on this form is true and complete to the best of my knowledge and that any supporting documents accompanying this form are complete and correct. WARNING: If you give false or misleading information you may be fined, sentenced to jail, or both.

X _____ Date: _____
Student's Signature

Return the completed form and all requested information to:

Francis Marion University/Office of Financial Assistance
PO Box 100547
Florence, SC 29502-0547
OR **(843) 661-1195 (Fax)**