

PARENTAL INCOME WORKSHEET

Student's Printed Name: _____ **FMU ID or SSN** _____

There is a discrepancy in the parental 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(s):

- _____ My parent(s) **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.
- _____ My parent(s) **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.
- _____ My parent(s) **worked, but have NOT filed and** are 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 your parent(s) worked or did NOT work in 2016, they 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 your parent(s) worked but DID NOT file a 2016 Federal tax return, the following information must also be provided:

You reported on the SAR that your parental 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.**

<u>Source(s) of income</u> (ex: bartending, child support, etc.)	<u>Amount of Earnings</u>	<u>W-2 (Yes or No)</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Total Parental 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
(843) 661-1195 (Fax)**

OR