

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 before your file can be awarded. Completing this form will assist us in this process.

Check one:

_____ **Yes**, my parent(s) have filed a 2016 US Federal income tax return, or a tax return for Puerto Rico, or a tax return for a foreign country.

Note: If your parents filed a 2016 Federal tax return, you must provide a **SIGNED copy of the tax return or an IRS tax return transcript along with this form to the Office of Financial Assistance.** To obtain an IRS tax return transcript, have your parent(s) 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."

_____ **No**, my parent(s) 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. (See Below)

If your parent(s) DID NOT file a 2016 Federal tax return, the following information must be provided:

You reported on the SAR that your parent(s) 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 FORMS RECEIVED.**

<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, we certify that the information provided on this form is true and complete to the best of our 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: _____ X _____ Date: _____
Student's Signature Parent 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