

Northeastern Technical College
 Office of Student Financial Assistance
 1201 Chesterfield Highway
 Cheraw, SC 29520

Phone: (843) 921-6991 · Toll Free: 1-800-921-7399 ext 6991 · Fax: (843) 921-1476

2010-2011 Independent Verification Form

Your application was selected for review in a process called "Verification". In this process, we will be comparing information from your application with signed copies of your (and spouse, if married) 2009 Federal tax returns, or with W-2(s) or other financial documents. If there are differences between your application information and your financial documents, we may need to make corrections to your FAFSA information.

Section A: Student Information

Student's Name:	Last Four Digits of SSN or Student I.D. #:
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Section B: Family Information

Write the names of the people whom you (and your spouse) will provide more than half the support between July 1, 2010 and June 30, 2011. Also, write the name of the college for any household member who will be attending at least half time between July 1, 2010 and June 30, 2011, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.)

- You (the student)
- Your spouse (if you are married)
- Your dependent children
- Other people only if they now live with you and will continue to get more than half their support from you from July 1, 2010 through June 30, 2011.

Full Name	Date of Birth	Relationship to Student	College
1.		Self	NETC
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Continue on the back ⇨

Section C: Information about You & Your Family's Tax Filing Status

Please provide the information below. Complete the employer and earnings items if you are not required to file a 2009 federal tax return. SKIP SECTION C IF YOU AND YOUR SPOUSE (IF MARRIED) FILED A TAX RETURN. DO NOT LEAVE ANY ITEMS BLANK.

I (student)	<input type="checkbox"/> Will not/is not required to file a 2009 federal tax return.	Employer: _____ Earnings: _____
My Spouse	<input type="checkbox"/> Will not/is not required to file a 2009 federal tax return.	Employer: _____ Earnings: _____

Section D: Information about Untaxed Income & Income Exclusions

Student/Spouse	2009 Additional Financial Information
\$	Child support paid (List each child's name for whom support was paid: _____) You cannot include child support paid for a child listed as a member of your household in Section B.
\$	Taxable earnings from work-study, assistantships or fellowships
\$	Grant and scholarship aid reported to the IRS
\$	Combat pay of special combat pay (Enter the amount that was taxable and included in the adjusted gross income.)
\$	Earnings from work under a cooperative education program offered by a college

Student/Spouse	2009 Untaxed Income
\$	Payment 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. Review your W-2 form(s) to answer this question
\$	Child support received for all children (Court ordered and voluntary)
\$	IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040 – line 28 + line 32 or 1040A – line 17.
\$	Tax exempt interest income from IRS Form 1040 – line 8b or 1040A – line 8b
\$	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 here.
\$	Untaxed portions of pensions from IRS Form 1040 – lines (16a minus 16b) or 1040A – lines (12a minus 12b).
\$	Housing, food and other living allowances paid to members of the military, clergy and others. Don't include the value of on-base military housing or the value of basic military allowance for housing.
\$	Veterans noneducation benefits, such as disability, death pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.
\$	Other untaxed income not reported, such as workers' compensation or disability
\$	Money received or paid on your behalf, not reported elsewhere on this form

By signing this form, I certify that all information and documents provided are true and correct to the best of my knowledge.

Student's Signature: _____ Date: _____

Student's Cell #: _____