



Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**C. Independent Student's Income Information to Be Verified**

1. **TAX RETURN FILERS**—Complete this section if you, the student, **filed or will file a 2016 income tax return with the IRS.** *Note: If you filed or will file an amended return, in addition to the IRS tax return transcript, you must also request an "IRS tax account transcript." and provide a signed copy of your 1040-X.*

Check the box that applies:

- I, have used the IRS Data Retrieval Tool in FAFSA on the Web to transfer my (and, if married, my spouse's) 2016 IRS income information into my FAFSA, either on the initial FAFSA or when making a correction to the FAFSA.
- I am unable or choose not to use the IRS Data Retrieval Tool in FAFSA on the Web and instead have attached a 2016 IRS tax return transcript(s) to this worksheet.

2. **TAX RETURN NONFILERS**—Complete this section if you, the student (and, if married, your spouse), will not file and **are not required to file a 2016 income tax return with the IRS.** You must provide our office confirmation of your non-filer status. A confirmation of nonfiling can be obtained from the IRS using Form 4506-T and checking box 7.

Check the box that applies:

- I (and/or my spouse if married) was not employed and had no income earned from work in 2016.
- I (and/or my spouse if married) was employed in 2016 and have listed below the names of all employers, the amount earned from each employer in 2016. List every employer even if the employer did not issue an IRS W-2 form.

| Employer's Name                        | 2016 Amount Earned | IRS W-2 Attached? |
|----------------------------------------|--------------------|-------------------|
| <i>Suzy's Auto Body Shop (example)</i> | <i>\$2,000.00</i>  | <i>Yes</i>        |
|                                        |                    |                   |
|                                        |                    |                   |
|                                        |                    |                   |

**D. Independent Student's Other Information to Be Verified**

1. Complete this section if someone in your, the student's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2016 or 2017 calendar years.

- One of the persons listed in Section B of this worksheet received SNAP benefits in 2016 or 2017. If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2016 and/or 2017.

2. Complete this section if you, the student or your spouse, who is a member of your household, paid child support in 2016.

- Either I, or my spouse paid child support in 2016. I have completed the requested information in each box below as well as the total amount that was paid in 2016 for each child. If asked by my school, I will provide documentation of the payment of child support.

| Name of Person Who Paid Child Support | Name of Person to Whom Child Support was Paid | Name of Child for Whom Support Was Paid | Age of Child For Whom Support Was Paid | Amount of Child Support Paid in 2016 |
|---------------------------------------|-----------------------------------------------|-----------------------------------------|----------------------------------------|--------------------------------------|
| <i>Marty Jones(example)</i>           | <i>Chris Smith</i>                            | <i>Terry Jones</i>                      |                                        | <i>\$6,000.00</i>                    |
|                                       |                                               |                                         |                                        |                                      |
|                                       |                                               |                                         |                                        |                                      |
|                                       |                                               |                                         |                                        |                                      |

**E. Certification and Signature**

Each person signing below certifies that all of the information reported on this worksheet is complete and correct. **If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Optional)

\_\_\_\_\_  
Date

**Please return this signed and dated worksheet to the School of Law Office of Financial Aid by fax, e-mail, mail, or in person.**  
**Office of Financial Aid . 275 Mount Carmel Avenue . Hamden, CT 06518-1908 . Fax: 203-582-4062 . E-mail: [lawfinaid@qu.edu](mailto:lawfinaid@qu.edu)**