

2009-2010**Quality Assurance Worksheet Instruction Sheet - Dependent Students**

You are required under federal regulations to complete this Quality Assurance Worksheet. The Office of University Scholarships and Financial Aid will not be able to award and/or disburse your financial aid until you have completed this process. The information you provide will be used to update or correct the information provided on the FAFSA form if necessary.

Follow all instructions. Complete all sections. Provide the requested signatures and documents.

TABLE A

Row 1: Please list **yourself** in Table A and mark your status as **“Dependent”**.

Row 2 and 3: The next two rows in Table A are for **your parent(s)**. If your parent(s) are divorced, you should list the parent and stepparent (if remarried) with whom you lived with the most during the past 12 months.

If your parent(s) are divorced, and you lived with each parent an equal amount of time during the past 12 months, then list the parent and stepparent (if remarried) that provided the most financial support.

Row 4 through 8: The remaining rows in Table A are for each of the **children/stepchildren** (other than you) who will **receive more than half of their support** between July 1, 2009 and June 30, 2010 **from the same parent(s)/stepparent** you listed in rows 2 and 3 in Table A. Please note that they do **not have to live** in your parent(s)/stepparent house to be included.

- For anyone listed in Table A (rows 4 through 8), please use the following link to go to the FAFSA website, <http://www.fafsa.ed.gov/>. You will see a box labeled “Before Beginning a FAFSA,” and inside there is a link to “Determine Your Dependency Status.” Click the link and use the dependency status worksheet to determine the dependency status of everyone you listed in rows 4 through 8 on Table A. List your responses for each person in the 4th column of the table.
- For any person classified as independent, indicate “Yes” or “No” in the column that asks, “if independent, does this person receive more than **50% of support** from the parent(s) listed in this table.”
- Finally, if anyone you listed will be attending a college or university at least half time and will be working towards a degree or certificate program, list the college or university he/she will be attending.

TABLE B

Row 9 through 12: Please list anyone else that **lives in the house** of the parent(s)/stepparent you listed in Table A **and** receives **more than half of their support** from your parent(s)/stepparent, and will **continue** to receive **more than half of their support** from your parent(s)/stepparent between July 1, 2009 and June 30, 2010. Finally, if anyone you listed will be attending a college or university at least half time and will be working towards a degree or certificate program, list the college or university he/she will be attending.

Quality Assurance Worksheet—Dependent Students

Student's ID Number: _____ Email: _____

Student's

Full Legal Name: _____
(Please print clearly) last first middle

Parent's Name: _____
last first

Household Information

Please read the instructions on the first page before completing this form.

TABLE A

Full Name	Age	Relationship to Student	Dependent or Independent	If Independent, does this person receive more than 50% of support from parent(s) listed below (Yes or No)	College/University
1)		Self			Virginia Tech
2)		Parent/Stepparent	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
3)		Parent/Stepparent	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
4)					
5)					
6)					
7)					
8)					

TABLE B

Full Name	Age	Relationship to Student	Live in your Parent's House? (Yes or No)	Does this person receive more than 50% of their support from your parent(s)? (Yes or No)	College/University
9)					
10)					
11)					
12)					

Student's Last Name

Student's ID Number

Tax Information

Please answer the questions below for the **parent(s)/stepparent who are listed in Table A on Page 1**. Any of the documents listed below are considered a **valid tax return**. Tax returns must be **signed** by at least **one tax filer OR** include the **tax preparer's** stamped, typed, signed, or printed name (**not** the company name) **AND** his/her SSN, EIN (Employer Identification Number) **or**, PTIN (Preparer Tax Identification Number).

If you did not keep a copy of your tax return, request a copy from your tax preparer or a Tax Transcript from the Internal Revenue Service by calling 1-800-829-1040.

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ 2008 IRS Form 1040, 1040A, 1040EZ ▪ 2008 E-file provider or tax filing software tax listing ▪ 2008 Federal 1040NR | <ul style="list-style-type: none"> ▪ 2008 Tax Transcript from the IRS ▪ 2008 Tax return from Puerto Rico or a foreign income tax return. |
|---|--|

1) Did you, the student, file a 2008 Federal Income Tax Return? No Yes

If **yes**, please attach a **signed** copy of your **tax return**, and **skip question 1a**.

No Yes

1a) If you, the student, were not required to file a 2008 Federal Income Tax Return, did you work in 2008? If yes, answer below:

\$

Name of Employer(s)

Total Yearly Earnings

Please Note: If your **parent(s)/stepparent** listed in Table A on page 1 are **married and filed a joint return**, place a **checkmark here** _____ and **attach a signed** copy of their **return** along with **all W-2s** and **skip questions 2 and 3**. If your parent(s)/stepparent have a federal tax filing status that is anything other than married filing a joint return or if they **did not file a federal tax return**, please complete questions 2 and 3 below.

2) Did your father/stepfather file a 2008 Federal Income Tax Return? No Yes

If **yes**, please attach a **signed** copy of the tax return along with **all W-2s** and skip question 2a.

No Yes

2a) If your father/stepfather was not required to file a 2008 Federal Income Tax Return, did he work in 2008? If yes, answer below:

\$

Name of Employer(s)

Total Yearly Earnings

3) Did your mother/stepmother file a 2008 Federal Income Tax Return? No Yes

If **yes**, please attach a **signed** copy of the **tax return** along with **all W-2s** and skip question 3a.

3a) If your mother/stepmother was not required to file a 2008 Federal Income Tax Return, did she work in 2008? If yes, answer below:

Name of Employer(s)

Total Yearly Earnings

 Student's Last Name

 Student's ID Number

Untaxed Income Information

Please provide the total amount for 2008 for any items which pertain to you or your parent(s). Do not leave any lines blank. Please use \$0 or N/A if you have no amount to list for an item.

	Parents	Student
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including but not limited to, amounts reported on the W2 Form in boxes 12a through 12d, codes D,E,F,G,H, and S.	\$	\$
IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040 (total of <u>lines 28 + 32</u>) or 1040A (<u>line 17</u>).	\$	\$
Child support received for all children. Don't include foster care or adoption payments.	\$	\$
Tax exempt interest from IRS Form 1040 (<u>line 8b</u>) or 1040A (<u>line 8b</u>).	\$	\$
Untaxed portions of IRA distributions from IRS Form 1040 lines (<u>15a minus 15b</u>) or 1040A lines (<u>11a minus 11b</u>). Exclude rollovers. If negative, enter a zero here.	\$	\$
Untaxed portions of pensions and annuities from IRS Form 1040 lines (<u>16a minus 16b</u>) or 1040A lines (<u>12a minus 12b</u>). Exclude rollovers. If negative, enter a zero here.	\$	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits) <i>commonly reported in box 14 of the W2 form.</i>	\$	\$
Veteran's non-educational benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work Study allowances.	\$	\$
Other untaxed income not reported elsewhere , such as worker's compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Workforce Investment Act educational benefits, combat pay (if you are not a tax filer), benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit fro federal tax on special fuels.	\$	\$
Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form.	XXXXXXXX	\$

After you have completed the entire form, please read below and sign.
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Please review all the information on this form and your supporting documentation for completeness. Be sure all necessary signatures have been provided. Make sure all copies are legible and that the student's name and ID number are clearly indicated on the top of each page submitted.

If you purposely give false or misleading information on this worksheet, you may receive a fine, a prison sentence, or both. By signing this information request, I certify that all information is complete and correct.

Student's
Signature _____ **Date** _____

Parent's
Signature _____ **Date** _____