

2011-2012 Independent Verification Form

Office of Student Financial Assistance
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Verification ensures the data reported on your Free Application for Federal Student Aid (FAFSA) corresponds with the data on certain income documents. Please submit this form and the documents listed below as soon as possible. Your financial assistance will be delayed if you do not respond promptly. Please include your (student's) name and Wildcat Identification Number at the top/right corner of every page of documentation you submit.

Student Information

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Wildcat Identification Number
_____ Address (local if available)			_____ Phone Number
_____ City	_____ State	_____ ZIP Code	_____ E-mail Address

Required Documentation:

Submit copies of the following documents promptly to the address listed above.

- Signed Independent Verification Form
- Student's **signed** 2010 U.S. Income Tax Return
 - W-2 forms
 - Schedules C and F from your tax return, if applicable
- Spouse's **signed** 2010 U.S. Income Tax Return (if married)
 - W-2 forms
 - Schedules C and F from spouse's tax return, if applicable

Helpful Hints:

- E-file form 8453 cannot be accepted without tax returns (1040, 1040A or EZ).
- Amended returns: include a signed copy of the original return and 1040X.
- If spouse filed a separate return: include a signed copy of both returns.
- Request a copy of your tax return from your preparer or a tax transcript from the IRS at 800-829-1040.
- **If you fax this form, please fax both sides.**

Family Information

List the people in your household, including:

- Yourself
- Your spouse, **if** you are married (even if you were not married in 2010)
- Your children, **if** you provide more than half of their support* from July 1, 2011 through June 30, 2012
- Other people, **if** they now live with you, you provide more than half of their support* and will continue from July 1, 2011 through June 30, 2012

* Support includes money, gifts, loans, housing, food, clothes, car, medical/dental care, etc.

Full name of family member Begin with yourself	Date of Birth ex. 11/17/1987 Do not leave blank.	Relationship to Student self, spouse, daughter, step-daughter, son, step-son, unborn child due during the 2011-12 academic year	Name of College for any family member who will be working toward a degree at least half-time during the 2011-2012 academic year
		Self	Kansas State University

