

WHAT YOU SHOULD DO

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 your spouse's) 2008 Federal tax forms, W2's and/or other financial documents. The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, we may need to send in corrections.

If you have any questions, please contact the Student Financial Aid Office (913) 588-5170 or email us at financialaid@kumc.edu. Our fax number is (913) 588-8841.

1. Collect and submit photocopies your (and your spouse's) **signed** Federal income tax forms and schedules, W2's, 1099's etc.
2. Call us if you have questions about completing this worksheet.
3. Fill in and sign the worksheet.
4. Take or mail the completed worksheet, tax documents, W2's and any other documents to our office.
5. We will compare information on the documents. We may need to make corrections. Any requests for additional information will be submitted via email to your KUMC email address. If you have not yet been assigned a KUMC email address, please provide us with your preferred email address that will be used until you receive your KUMC address.
Our school must review the requested information, under the financial aid program rules (34 CFR, Part 668).

A. Student Information

Last name	First name	MI	KUID (preferred) or SSN
Address (include apt. no.)		Date of birth	
City	State	Zip code	(____) _____ Phone number (include area code)
Email address			

B. Family Information

List the people in your (and your spouse's) household; include:

- yourself (and your spouse, if applicable), and
- your children, if you provide more than half of their support from July 1, 2009 through June 30, 2010, and
- other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

Write the names of all household members. Also write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half-time between July 1, 2009 and June 30, 2010, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship to you	College
		Self	KU Medical Center

PLEASE READ THIS FORM CAREFULLY AND COMPLETE BOTH SIDES!!! Failure to: a) complete all necessary fields on both sides of this form, b) provide required signatures, c) submit the required documents listed on this form and/or c) submit any requested clarification of data from our office will prolong financial aid processing and delay financial aid awarding.

Office Use Only/Date Stamp

C. Student's (and Spouses)' Tax Forms and Income Information

1. Check one box only. Tax returns include the 2008 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return. If you (and/or your spouse) did not keep a copy of the tax return, request a copy from your tax preparer or a copy of an Internal Revenue Service transcript summary of the tax return that also lists tax account information. The return transcript summary can be obtained using form [4506-T](#) available online at www.irs.gov, or calling the IRS directly at 1-800-829-1040.

- Check and attach a **signed** tax return & W2's. **Student** **Spouse**
- Check and complete: **signed** tax return will be mailed to our school by _____ (date). **Student** **Spouse**

- Check here **ONLY** if you will **not** file and are not required to file a 2008 U.S. Income Tax Return. **Student** **Spouse**

NOTE: If you did not file and are not required to file a 2008 Federal income tax return, list below your employer(s) and any income received in 2008 (Use the W-2 form or other earnings statements if available).

Sources	Student	Sources/Employer	Spouse	Sources/Employer
Wages, salaries, tips, etc	\$		\$	
Dividends	\$		\$	
Interest Income	\$		\$	
Workman's compensation	\$		\$	
Untaxed pensions	\$		\$	
Welfare, ADC, or AFDC	\$		\$	
Student Financial Aid	\$		\$	
Other (specify)	\$		\$	

2. Complete the following sections, regardless if you filed a tax return. If it does not apply, please indicate 0 or slash (/) in the amount box.

Additional Financial Information	Student	Spouse
Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household, as reported previously on this form.		
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistanceships.	\$	
Student grant and scholarship aid reported to the IRS in your (the student's) adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant or scholarship portions of fellowships and assistanceships.	\$	
Untaxed Income	Student	Spouse
Child support received for all children. Don't include foster care or adoption payments.	\$	
Housing, food and other living allowances paid to members of the military, clergy and others (Including cash payments and cash value of benefits).	\$	
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, disability, etc. Don't include student aid, earned income credit child tax credit, welfare payments, untaxed Social Security Benefits, Workforce Investment Act educational benefits, combat pay (if you are not a tax filer), or benefits from flexible spending arrangements (e.g. cafeteria plans) foreign income exclusion or credit for federal tax on special fuels.	\$	
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$	

E. Sign this Worksheet

By signing this worksheet, we certify that all the information reported on it is complete and correct. If you are married, your spouse's signature is optional.

Student Date

Spouse Date

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Return to:

KU Medical Center
Student Financial Aid Office
3901 Rainbow Blvd.
3007 Student Center
Mail Stop 4005
Kansas City, KS 66160-7192
Fax: 913-588-8841