

THE LEMOYNE-OWEN COLLEGE

The Office of Student Financial Services
Brownlee Hall
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2016-2017 DEPENDENT WORKSHEET B (WKBP)

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) results indicates that you and/or your parents included an amount for one or more of the item(s) below. In order to continue processing your 2016-2017 financial aid application, the reported amount(s) must be verified by completing the following information for calendar year of 2015. If amount is zero, enter "0" below.

STUDENT INFORMATION

Student Name: _____ Student ID Number: _____

SSN (last four): XXX-XX-_____ Parent Name/s: _____

B: ADDITIONAL FINANCIAL AID INFORMATION TO BE VERIFIED

	January 1, 2015 Student	-	December 31, 2015 Parent(s)
Payments to tax-deferred pension and savings plans (paid directly to or withheld from earnings), including but not limited to amounts reported on the W-2 Form In Boxes 12a-12d, codes D,E,F,G,H, and S.	\$ _____		\$ _____
IRA deductions and payments to self-employed SEP, SIMPLE, Keough and other qualified plans from IRS Form 1040 total of lines 28+32 or 1040A-line 17.	\$ _____		\$ _____
Child support received for all children. Don't include foster care or adoption payments.	\$ _____		\$ _____
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 a zero here.	\$ _____		\$ _____
Untaxed portions of pensions from IRS Form 1040 lines (16a minus 16b) or 1040A-lines (12a minus 12b). 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). DO NOT include the value of on-base military housing or the value of a basic military allowance for housing.	\$ _____		\$ _____

Student ID Number: _____

January 1, 2015 - December 31, 2015
Student Parent(s)

Veterans' non-education benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.

\$ _____ \$ _____

Any other untaxed income and benefits not reported elsewhere, such as worker's compensation, disability, etc.

\$ _____ \$ _____

Money received, or paid on your behalf (e.g. bills).

\$ _____ \$ _____

2015 Total \$ _____ \$ _____

C. CERTIFICATION AND SIGNATURES (Parent signature required for dependent students) _____

I hereby certify that all information provided on this worksheet are true, complete, and correct to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this worksheet. I understand it is a federal crime to purposefully give false or misleading information on this worksheet, and may be subject to a fine, imprisonment, or both.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____