

THE LEMOYNE-OWEN COLLEGE

The Office of Student Financial Services
Brownlee Hall
807 Walker Ave, Memphis, TN 38126
Main: 901.435.1550 Fax: 901.435.1573

2016-2017 INDEPENDENT WORKSHEET B (WKBS)

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) results indicate that you and/or your spouse (if married) 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 2015. If amount is zero, enter "0" below.

A. STUDENT INFORMATION

Student Name: _____

Student ID Number: _____

SSN (last four): XXX-XX-_____

Phone Number: _____

B. ADDITIONAL FINANCIAL AID INFORMATION TO BE VERIFIED

January 1, 2015 - December 31, 2015

Student/Spouse

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, KEOGH and other qualified plans from IRS Form 1040 total of lines 28 + 32 or 1040A line 17. \$ _____

Child support received for all children. \$ _____

Tax exempt interest income IRS Form 1040-Line 8b or 1040A-line8b. \$ _____

Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude roll overs. \$ _____

Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). Exclude rollovers. \$ _____

Housing, food, and other living allowances paid to members of the military, clergy, and others. Do not include the value of on-base military housing/allowance. \$ _____

Veterans non-education benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation and/or VA Educational Work-Study allowances. \$ _____

Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc. \$ _____

Money received or paid on your behalf(e.g. bills) \$ _____

C. CERTIFICATION AND SIGNATURE

I hereby certify that all statements and 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: _____