

Student Name _____ University ID Number _____
(please print) Last First Middle

Instructions:

- If you have filed or will file a 2015 income tax return, please submit a copy of your 2015 IRS Tax Return Transcript. The transcript can be downloaded or ordered by mail for free on the IRS site, www.irs.gov/individuals/get-transcript.
- If you will not file and are not required to file a 2015 income tax return with the IRS or with a foreign country's government, please proceed with completing this form.

Securely upload form to go.iu.edu/zsZ

Choose one of the options below and follow the instructions provided:

Please check this box if you did work in 2015. Proceed to completing **Box 1** below. If applicable, complete **Box 2** as well.

Please check this box if you did not work in 2015. Proceed to completing **Box 2** below.

Box 1

- Instructions:**
- Please list each employer, income amount earned, and **attach** your W-2 Form or 1099-Misc.
 - If you were self-employed and did not receive a W-2 Form, please check the box for self-employment, list your business or type of work performed, and the amount of income earned in 2015.

Self-Employed? (check box for Yes)	Employer (list each one from 2015) If self-employed, enter name of business or type of work performed	Income Amount Earned	Attached W-2 Form or 1099-MISC (check box for Yes)
		\$	
		\$	
		\$	
		\$	

Box 2

- Instructions:**
- In **Box 2A**, please check the box for each federal benefit received in 2015 and provide the annual amount.
 - In **Box 2B**, please list all other income or support received in 2015, including disability, unemployment, workers comp, etc. Please include annual amount received for each source.
 - If you did not have income or sources of support, please provide an explanation of how your living expenses were paid.

Box 2A	Annual Amount
SSI	\$ _____
SNAP	\$ _____
TANF	\$ _____
WIC	\$ _____

Box 2B
Other income or support received (disability, unemployment, worker's comp, family support)

Signature and Consent

Signature certifies that you have read the statement below. **Form must be signed and dated.** An incomplete form will delay or prevent processing. Please allow 10-15 business days for processing.

I certify that all of the information provided on this form is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this form I am liable for cancellation or repayment of all or part of my financial aid. In addition, I understand that completing this form does not guarantee an increase or adjustment in financial aid.

Printed Name _____

Parent Signature _____ Date _____