



2017-2018 IRS Extension Form

This form may be submitted via email,
mail, fax, or in person

Office of Financial Aid
1950 Third Street
La Verne, CA 91750

Phone: (800) 649-0160
Fax: (909) 448-1629
finaid@laverne.edu

STUDENT INFORMATION

Last Name

First Name

La Verne ID or SSN

REQUIRED DOCUMENTATION

You are required to complete this form because you or your spouse (if you are considered an independent student on the FAFSA), or your parents (if you are considered a dependent student on the FAFSA), are **required to file a 2015 IRS income tax return and were granted a filing extension by the IRS**. The student, spouse and/or parent must complete this worksheet along with the requested documentation.

1. Indicate the **type of tax return** you will file for 2015: ☐ 1040 ☐ 1040A ☐ 1040EZ
2. The number of **tax exemptions** you will report on the tax return: _____
3. Submit a copy of **IRS form 4868**, "Application for Automatic Extension of Time to File U.S. Individual Income Tax Return."
4. Copy of the IRS approval of an extension beyond 6-months.
5. IRS Verification of Non-filing Letter dated on or after October 1, 2016. To obtain an IRS Verification of Non-filing Letter go to www.irs.gov, Tax Transcript, then to Non-filing Letter; request for the 2015 tax year.
6. Complete and submit the following forms. The forms can be downloaded from our website at <http://sites.laverne.edu/financial-aid/>.
 - A. [2017-2018 Verification Worksheet](#)
 - B. A copy of **all 2015 W-2 Forms and 1099 forms** for the student/spouse/parent.
 - C. If you are **self-employed** you must submit a **signed statement** certifying the amount of the individual's AGI (adjusted gross income) and the U.S. income tax paid for the tax year 2015.
 - D. [2017-2018 Verification of Financial Information Form](#)
 - E. [2017-2018 Assets and Investments Supplement Form](#)

CERTIFICATION AND SIGNATURE

Read below before signing this form.

- ☐ I, the student/spouse/parent, understand that the Office of Financial Aid will use the information provided to determine my financial eligibility and my financial aid award will be based upon this information.
- ☐ By signing this form, I, the student/spouse/parent, affirm all the information on this form and any attachments are complete and accurate to the best of my knowledge. I, the student/spouse/parent, understand any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student's Signature

Date

Parent's Signature (Dependent Students Only) Date