



2018-2019 Financial Aid 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 2016 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 2016: 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," as proof of granted extension.
4. Submit a copy of the IRS's approval of an extension beyond the automatic six-month extension for the tax year 2016.
5. Submit Verification of Non-filing letter from the IRS.
6. Complete and submit the following forms. The forms can be downloaded from our website at <http://sites.laverne.edu/financial-aid/>.
 - A. [2018-2019 Verification Worksheet](#)
 - B. A copy of **all 2016 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 2016.
 - D. [2018-2019 Verification of Financial Information Form](#)
 - E. [2018-2019 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