

BENEDICT COLLEGE
CLEARED REGISTRATION

AUG 01 2015

BY: _____



BENEDICT COLLEGE
HARDEN AND BLANDING STREETS
COLUMBIA, SOUTH CAROLINA 29204

Student Financial Services

7/30/2015

Boarding Clearance Letter

Brianna Rogers (9870) and Family

Dear Brianna and Family:

Brianna, we appreciate YOUR DECISION to join the Benedict family for the fall semester. We hope that you have set your goals high and we look forward to helping you achieve your goals. Plan to work hard and steady and we are confident that you will be successful in the fall 2015 semester. This letter provides the information you will need to complete your registration clearance process. This report is based on your financial aid award as of today, registration for **full time** credit hours, and your housing status as a **boarding student**. If you will not be a boarding student, you may pick up a new clearance letter for your new housing status when you check into the Welcome Center. If any of the other factors change, your award will have to be adjusted by Financial Aid and you will need to obtain a new clearance letter.

Your cost (tuition and fees, room and board) to attend Benedict College per semester as a full-time boarding student is :

Tuition \$8177
Fees \$966
Room and Board \$4052
Total Charges \$13195.

The College awards financial aid to assist you and your family with covering this cost. You have received the following award for the 2015-2016 academic year:

SUBSIDIZED LOAN	\$5444
UNSUBSIDIZED LOAN	\$6928
PELL GRANT	\$2525
ACADEMIC EXCELLENCE SCHLSHP	\$2000
BAND SCHLSHP	\$2000

The total amount of financial aid that you have been awarded is **\$9448 for the fall 2015 semester**. (*This amount excludes any work study you have been awarded which will be paid directly to you as you work the hours.*)

Your financial aid did not cover the entire cost to attend but left you a remaining balance of **\$-3747 for the semester**.



Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

For the full year January 1, 2014, through December 31, 2014, or fiscal year beginning ... **14**
and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your social security number
VANESSA		ROGERS		
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 12) (number and street or PO box)			Apartment number	New York State county of residence
City, village, or post office			State	ZIP code
MIDDLETOWN			NY	10941
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route)			Apartment number	School district code number
City, village, or post office			State	ZIP code
NY				
Decedent information			Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)

A Filing status

(mark an X in one box):

- ① Single
- ② Married filing joint return (enter spouse's social security number above)
- ③ Married filing separate return (enter spouse's social security number above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2014 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 13) Yes No

D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a property tax freeze credit? (see page 13) Yes No

(2) If Yes, enter the amount.....

D3 Did you receive a family tax relief credit? (see page 13) Yes No

E (1) Did you or your spouse maintain living quarters in NYC during 2014? (see page 13) Yes No

(2) Enter the number of days spent in NYC in 2014 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 13):

(1) Number of months you lived in NYC in 2014

(2) Number of months your spouse lived in NYC in 2014

G Enter your 2-character special condition code if applicable (see page 13)

If applicable, also enter your second 2-character special condition code

H Dependent exemption information (see page 14)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
BRIANA	L	ROGERS	DAUGHTER		
REBECCA		WARREN	PARENT		

If more than 7 dependents, mark an X in the box.



For the year Jan. 1–Dec. 31, 2014, or other tax year beginning _____, 2014, ending _____, 2014, ending _____, 2014, See separate instructions.

Your first name and initial **VANESSA** Last name **ROGERS** Your social security number _____

If a joint return, spouse's first name and initial _____ Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____ **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **MIDDLETOWN NY 10941** **Presidential Election Campaign**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. ▶ 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. } **Boxes checked on 6a and 6b** 1
 b Spouse } **No. of children on 6c who:**
 c **Dependents:** (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions) **• lived with you** 1
• did not live with you due to divorce or separation (see instructions) _____
 If more than four dependents, see instructions and check here ▶ **Dependents on 6c not entered above** 1
Add numbers on lines above ▶ **3**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
BRIANA L	ROGERS		Daughter	<input type="checkbox"/>
REBECCA	WARREN		Parent	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 **110,370.** ←
 8a Taxable interest. Attach Schedule B if required 8a **698.**
 b Tax-exempt interest. Do not include on line 8a 8b _____
 9a Ordinary dividends. Attach Schedule B if required 9a _____
 b Qualified dividends 9b _____
 10 Taxable refunds, credits, or offsets of state and local income taxes 10 _____
 11 Alimony received 11 _____
 12 Business income or (loss). Attach Schedule C or C-EZ 12 **-51,929.**
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ 13 _____
 14 Other gains or (losses). Attach Form 4797 14 _____
 15a IRA distributions 15a _____ b Taxable amount 15b _____
 16a Pensions and annuities 16a _____ b Taxable amount 16b _____
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 **-4,965.**
 18 Farm income or (loss). Attach Schedule F 18 _____
 19 Unemployment compensation 19 _____
 20a Social security benefits 20a _____ b Taxable amount 20b _____
 21 Other income. List type and amount 21 _____
 22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ 22 **54,174.**

Adjusted Gross Income 23 Educator expenses 23 _____
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 _____
 25 Health savings account deduction. Attach Form 8889 25 _____
 26 Moving expenses. Attach Form 3903 26 _____
 27 Deductible part of self-employment tax. Attach Schedule SE 27 _____
 28 Self-employed SEP, SIMPLE, and qualified plans 28 _____
 29 Self-employed health insurance deduction 29 _____
 30 Penalty on early withdrawal of savings 30 _____
 31a Alimony paid b Recipient's SSN ▶ _____ 31a _____
 32 IRA deduction 32 _____
 33 Student loan interest deduction 33 _____
 34 Tuition and fees. Attach Form 8917 34 _____
 35 Domestic production activities deduction. Attach Form 8903 35 _____
 36 Add lines 23 through 35 36 _____
 37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ 37 **54,174.**

Your social security number								
2	5	1	0	6	8	9	8	9

62 Enter amount from line 61 **62** 1,737 00

Payments and refundable credits (see page 25)

63	Empire State child credit	63		00
64	NYS/NYC child and dependent care credit	64		00
65	NYS earned income credit (EIC)	65		00
66	NYS noncustodial parent EIC	66		00
67	Real property tax credit	67		00
68	College tuition credit	68		00
69	NYC school tax credit (also complete F on page 1; see page 25)	69		00
70	NYC earned income credit	70		00
70a	NYC enhanced real property tax credit	70a		00
71	Other refundable credits (Form IT-201-ATT, line 18)	71		00
72	Total New York State tax withheld	72	5,877	00
73	Total New York City tax withheld	73		00
74	Total Yonkers tax withheld	74		00
75	Total estimated tax payments and amount paid with Form IT-370	75		00

Submit your wage and tax statements with your return (see page 27).

76 Total payments (add lines 63 through 75) **76** 5,877 00

Your refund, amount you owe, and account information (see pages 27 through 30)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) **77** 4,140 00

78 Amount of line 77 to be refunded
 Mark one refund choice: direct deposit (fill in line 83) - or - debit card - or - paper check ... **78** 4,140 00 ←

79 Amount of line 77 that you want applied to your 2015 estimated tax (see instructions) **79** 00 See pages 27 and 28 for information about your three refund choices.

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. **80** 00 See page 29 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 28) **81** 00 See page 31 for the proper assembly of your return.

82 Other penalties and interest (see page 29) **82** 00

83 Account information for direct deposit or electronic funds withdrawal (see page 29). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 29)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 83c Account number

84 Electronic funds withdrawal (see page 30) Date Amount 00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete (see instr.) ▼ Preparer's signature _____ Date _____ Preparer's NYTPRIN _____ Firm's name (or yours, if self-employed) _____ Preparer's PTIN or SSN _____ Address _____ Employer identification number _____ NYTPRIN excl. code _____ E-mail: _____		▼ Taxpayer(s) must sign here ▼ Your signature _____ Your occupation SPEECH TEACHER Spouse's signature and occupation (if joint return) _____ Date _____ Daytime phone number () _____ E-mail: _____	
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See instructions for where to mail your return.



Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 54,174.

39a Check You were born before January 2, 1950, Blind. Spouse was born before January 2, 1950, Blind. Total boxes checked ▶ 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b

Standard Deduction for—

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 23,435.

41 Subtract line 40 from line 38 41 30,739.

42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions 42 11,850.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 18,889.

44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44 2,184.

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 47 2,184.

48 Foreign tax credit. Attach Form 1116 if required 48

49 Credit for child and dependent care expenses. Attach Form 2441 49

50 Education credits from Form 8863, line 19 50 1,500.

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit. Attach Schedule 8812, if required 52

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a 3800 b 8801 c 54

55 Add lines 48 through 54. These are your total credits 55 1,500.

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 684.

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a 4137 b 8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60a Household employment taxes from Schedule H 60a

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b

61 Health care: individual responsibility (see instructions) Full-year coverage 61

62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 62

63 Add lines 56 through 62. This is your total tax 63 684.

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 18,090.

65 2014 estimated tax payments and amount applied from 2013 return 65

66a Earned income credit (EIC) No 66a

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68 1,000.

69 Net premium tax credit. Attach Form 8962 69

70 Amount paid with request for extension to file 70

71 Excess social security and tier 1 RRTA tax withheld 71

72 Credit for federal tax on fuels. Attach Form 4136 72

73 Credits from Form: a 2439 b Reserved c Reserved d 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 19,090.

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 18,406.

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ 76a 18,406. ←

b Routing number ▶ c Type: Checking Savings

d Account number

77 Amount of line 75 you want applied to your 2015 estimated tax ▶ 77

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶ 78

79 Estimated tax penalty (see instructions) 79

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation Daytime phone number

SPEECH TEACHER

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no. ▶