

2020-2021 Independent Student Verification Worksheet Please print and return completed form to Student Financial Services

Student's Name:				Student ID			
the information on yo submit your tax return along with all of your (year/spring only) or De	ur FAFS <i>A</i> transcrip and your ecember	A with information subnots, obtained from the IF spouse's, if applicable)	nitted o RS (see i W2 forr financi	n your tax returns. Pl nformation in Sectio ms, within 30 days of	lease complete the ons B) to us. Compl receipt or no later	t Financial Services must verify e IRS data retrieval process or lete and return this form, than May 1, 2021 (full ation requirements have	
		SECTION A:	HOUS	SEHOLD INFORM	MATION		
 the househol your informa Include other to do so from For those list program between the program between the program of control of the program of control of the program of th	d and wil tion whe people of July 1, 20 ed, write ween July redits the	Il continue to do so from applying for Federal Sonly if they now live with 1020 – June 30, 2021. The name of the collegy 1, 2020 and June 30, ey will take each semes	m July 1 itudent n you an ge any v 2021, v ster. If y	2020 – June 30 2021 Aid. d you currently prov will be attending at le whether they are ar you need more space	or (b) the childre ide more than half east half-time and nudergraduate e, attach a separa	support and they are residing in mould be required to provide their support and will continue enrolled in a degree or certificate or graduate student, and the te page. If a family member's	
		not been finalized, co					
NAME	AGE	RELATIONSHIP TO STUDENT	CUR	RRENT COLLEGE	UNDERGRAD OR GRAD	FULL-TIME OR # OF CREDITS	
		(self)	I	thaca College			
					I		
		SECTION B: STUD	FNT /	SPOUSE TAX IN	JEORMATION		
Check only one box be	elow. An					Revenue Service by calling	
•		ng a transcript online at		. , .		, 3	
☐ I am attachin☐ I (and, if marrI/We have list form(s).	g a copy ried/rema ed below	my/our employer and	ranscrip ot file a	t and all 2018 W2 for nd I/We am/are not r	rms. equired to file a 20	18 U.S. Income Tax Return.	
SOURCE OF INCOME				AMOUNT			

SECTION C: UNTAXED INCOME INFORMATION							
If you and, if applicable, your spouse, received any sources of untaxed income please list the totals below. DO NOT LEAVE ANY BLANKS – if an answer does not apply please list zero or indicate non-applicable.							
2018 Untaxed Income	Student	Spouse					
Child Support <i>received</i> for all children in the household	\$	\$					
Cash received or money paid on your behalf	\$	\$					
Other untaxed income or benefits not reported elsewhere (workers, comp., disability, clergy allowances etc.)-incl. source	\$	\$					
Sign This By signing this worksheet, I (we) certify that all the information and, if applicable, spouse must sign below. Warning: If you pur may be fined, be sentenced to jail, or both.	•						
Student's Signature:	Date:						
Spouse's Signature:	Date: _						

Student's Name:_____Student ID_____

NOTE: BOTH SIGNATURES MUST BE IN INK, NOT TYPEWRITTEN, IN ORDER TO VALIDATE THIS FORM