## 2019-2020 Independent Student Verification Worksheet

| Student's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                                                                              |                                                           | Student ID                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                            |  |
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| the information on you<br>submit your tax returnalong with all of you<br>year/spring only) or D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | our FAFS <i>i</i><br>n transcr<br>r (and yo<br>ecember | A with information subi<br>ipts, obtained from the<br>our spouse's, if applicat                                                              | mitted of IRS (see ole) W2  r finance                     | on your tax returns.<br>se information in Se<br>forms, within 30 da                                                 | Please complete to ctions B) to us. (by sys of receipt or receipt | t Financial Services must verify the IRS data retrieval process or Complete and return this form, no later than May 1, 2020 (full cation requirements have |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | SECTION A:                                                                                                                                   | HOUS                                                      | SEHOLD INFORM                                                                                                       | MATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                            |  |
| <ul> <li>List the people that you reside with, including spouse/children if appropriate, and will support between July 1, 2019 and June 30, 2020.</li> <li>Include yourself, your spouse, and your children if (a) you provide more than half of their support and they are residing in the household and will continue to do so from July 1 2019 – June 30 2020 or (b) the children would be required to provide your information when applying for Federal Student Aid.</li> <li>Include other people only if they now live with you and you currently provide more than half their support and will continue to do so from July 1, 2019 – June 30, 2020.</li> <li>For those listed, write the name of the college any will be attending at least half-time and enrolled in a degree or certificate program between July 1, 2019 and June 30, 2020, whether they are an undergraduate or graduate student, and the number of credits they will take each semester. If you need more space, attach a separate page. If a family member's</li> </ul> |                                                        |                                                                                                                                              |                                                           |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                            |  |
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| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AGE                                                    | RELATIONSHIP TO<br>STUDENT<br>(self)                                                                                                         |                                                           | thaca College                                                                                                       | UNDERGRAD<br>OR GRAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FULL-TIME OR # OF<br>CREDITS                                                                                                                               |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | SECTION B: STUD                                                                                                                              | FNT /                                                     | SPOUSE TAX IN                                                                                                       | IFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                            |  |
| 1-800-908-9946 or by    I (and, if mari   I am attachin   I (and, if marr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | requestion<br>ried, my s<br>g a copy<br>ied/rema       | official 2017 tax return t<br>ng a transcript online at<br>spouse) have or will be c<br>of my 2017 tax return tr<br>rried, my spouse) did no | ranscrip<br>http://v<br>complet<br>ranscrip<br>ot file ar | ot may be requested to<br>www.irs.gov.<br>ing IRS Data Retrieva<br>t and all 2017 W2 form<br>and I/We am/are not re | from the Internal F<br>al; attach all W-2 f<br>ms.<br>equired to file a 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Revenue Service by calling  form(s).  17 U.S. Income Tax Return. I/ ed my/our 2017 W-2 form(s).                                                            |  |
| SOURCE OF INCOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                                                                                                                                              |                                                           |                                                                                                                     | AMOUN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | IT                                                                                                                                                         |  |
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| Student's Name:                                                                                                                          | Student ID                |                                |
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|                                                                                                                                          |                           |                                |
| SECTION C: UNTAXED                                                                                                                       | INCOME INFORMATION        | ON                             |
| If you and, if applicable, your spouse, received any sources of untable BLANKS – if an answer does not apply please list zero or indicat |                           | totals below. DO NOT LEAVE ANY |
| 2017 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                                                                                                                                | Worksheet                 |                                |
| By signing this worksheet, I (we) certify that all the information and, if applicable, spouse must sign below. Warning: If you pu        | reported on this workshee |                                |
| may be fined, be sentenced to jail, or both.                                                                                             |                           |                                |
| Student's Signature:                                                                                                                     | Date:                     |                                |
| Spouse's Signature:                                                                                                                      | Date:                     |                                |
|                                                                                                                                          |                           |                                |
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