

2022-23 VERIFICATION WORKSHEET

Dependent

Print Student's Name: _____ B-Number: _____

STEP 1: FAMILY SIZE & NUMBER IN COLLEGE:

In the chart below, write in the name, age, and relationship of your **legal parent(s)** that would provide more than half of your support from July 1, 2022 through June 30, 2023. A legal parent is a biological, adoptive, and/or Stepparent.

- If your legal parents are **married and living together**, list both parents below.
- If your legal parents are **not married, but live together**, list both parents below.
- If your legal parents are **separated, divorced, or widowed**, list your custodial parent below.
 - If your custodial parent is **remarried**, you must also list your Stepparent.

Full Name	Age	Relationship
		Parent 1
		Parent 2 or Stepparent <i>(read instructions above)</i>

In the chart below write in the name, age, and relationship of all the other people (not parents) in the household, be sure to include:

- **Yourself;**
- Your **parents' other children**, even if they do not live with your parent(s), if:
 - Your parents will provide more than half of their support from July 1, 2022 through June 30, 2023, or
 - The children would be required to provide parental information when applying for federal aid;
- **Other people if they now live with your parents** and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2022 through June 30, 2023.

Be sure to indicate if each household member listed below will be attending a college at least half-time between July 1, 2022 and June 30, 2023 enrolled in a degree, diploma, or certificate program.

Full Name	Age	Relationship	Name of College or Check 'None' if not enrolled	
<i>Example: Ima Student</i>	<i>18</i>	<i>self</i>	<input type="checkbox"/> None	<input checked="" type="checkbox"/> College Name: <i>Binghamton</i>
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:

STEP 2: STUDENT INCOME INFORMATION

Please check the box that applies to the student. Provide all applicable documentation as noted in *italics*. **CHECK ONLY ONE BOX.**

- I, the STUDENT, did not earn any wages in 2020 and I did not file 2020 Tax Return. **STOP. Sign below. Proceed to Step 3.**

-OR-

- I, the STUDENT, **earned wages but did not file and was not required to file a 2020 IRS Tax Return.** Complete the list below for each employer for you during 2020, along with any other sources of income. **You are required to provide copies of IRS W-2 forms for each employer listed.**

2020 Income Information: January 1, 2020 – December 31, 2020

Source of Employment Income	Check if you received a W-2	Wages
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	TOTAL	\$

Sign below. Proceed to Step 3.

-OR-

- I, the STUDENT, filed 2020 taxes, and have **used the *IRS Data Retrieval Tool in FAFSA*** on the Web to transfer 2020 IRS income tax return information into the FAFSA. **STOP. Sign below. Proceed to Step 3.**

-OR-

- I, the STUDENT, am **unable or choose not to use the *IRS Data Retrieval Tool*** in FAFSA on the Web, and instead will provide the school a ***SIGNED 2020 IRS Tax Return 1040 and all applicable schedules.*** **STOP. Sign below. Proceed to Step 3.**

I, the student, certify that the information provided on this form is true and correct to the best of our knowledge. I understand that if information differs from the FAFSA, it may result in a change in eligibility for federal funds.

Student Signature: _____ Date: _____

STEP 3: PARENT INCOME INFORMATION

As the parent(s) of the above student, please check the box below that correctly indicates how you will submit federal IRS tax information to us. CHECK ONLY ONE BOX. Provide all applicable documentation as noted in *italics*.

- I, the parent (and parent's spouse if applicable), filed 2020 taxes, and have **used the *IRS Data Retrieval Tool in FAFSA*** on the Web to transfer 2020 IRS income tax return information into the FAFSA. **STOP. Sign below.**

-OR-

- I, the parent (and parent's spouse if applicable), filed 2020 taxes, and I am **unable or choose not to use the *IRS Data Retrieval Tool*** in FAFSA on the Web, and instead will provide the school a ***SIGNED 2020 IRS Tax Return 1040 and applicable schedules****. **STOP. Sign below.**

**If you filed a tax return in a foreign country, submit a copy of the foreign tax return transcript, translated into English and converted into US dollars.*

-OR-

- I, the parent (and parent's spouse if applicable), **did not file and was not required to file a 2020 IRS Tax Return**. Complete the list below for each employer for you (the parent) and your spouse during 2020, along with any other sources of income. **You are required to provide an IRS Verification of Non-filing Letter and copies of IRS W-2 forms for each employer listed.**

2020 Income Information: January 1, 2020 – December 31, 2020

Source of Employment Income (put NONE if not employed)	Check if you received a W-2	Wages (put 0 if no wages earned)
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
TOTAL		\$

If no wages were earned, enter "0" in the box above labeled "Total."

I, the parent, certify that the information provided on this form is true and correct to the best of our knowledge. I understand that if information differs from the FAFSA, it may result in a change in eligibility for federal funds.

Parent Signature: _____ Date: _____