

2023-24 VERIFICATION WORKSHEET

Independent

STEP 1: STUDENT INFORMATION

Print Student's Name: _____

B-Number: _____

STEP 2: FAMILY SIZE & # IN COLLEGE:

In the chart below write in the name, age, and relationship of all the people in the household, be sure to include:

- **Yourself;**
- **Your spouse**, if you are married;
- **You or your spouse's children**, if you or your spouse will provide more than half of the children's support from July 1, 2023, through June 30, 2024, even if a child does not live with you.
- **Other people if they now live with you**, and you or your spouse provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2024.
- Be sure to indicate if each household member listed below will be attending a college at least half time between July 1, 2023 and June 30, 2024 enrolled in a degree, diploma, or certificate program.
- **DO NOT LIST YOUR PARENTS OR SIBLINGS UNLESS YOU PROVIDE MORE THAN 50% OF THEIR FINANCIAL SUPPORT.**

Full Name	Age	Relationship	Name of College or Check 'None' if not enrolled	
Example: Ima Student	18	self	<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:

STEP 3: STUDENT INCOME INFORMATION

Please check the box that applies to you (the student) and your spouse (if married). Provide all applicable documentation as noted in *italics*. **CHECK ONLY ONE BOX.**

- I, the student, and my spouse, (if married), did not earn any wages in 2021 and I/we did not file 2021 Tax Return. **STOP. No further information is needed on this form. Proceed to Step 4.**

-OR-

- I, the student, and my spouse (if married), **did not file and was not required to file a 2021 IRS Tax Return.** Complete the list below for each employer for you and your spouse (if married) during 2021, 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, 2021 – December 31, 2021		
Source of Employment Income	Check if you received a W-2	Wages
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
TOTAL		\$

Proceed to Step 4.

-OR-

- I, the student, and my spouse (if married), filed 2021 taxes, and have **used the *IRS Data Retrieval Tool in FAFSA*** on the Web to transfer 2021 IRS income tax return information into the FAFSA. **STOP. No further information is needed on this form. Proceed to Step 4.**

-OR-

- I, the student, and my spouse (if married), are **unable or choose not to use the *IRS Data Retrieval Tool in FAFSA*** on the Web, and instead will provide the school a ***SIGNED 2021 IRS Tax Return 1040 and all applicable schedules.*** **STOP. No further information is needed on this form. Proceed to Step 4.**

STEP 4: STUDENT CERTIFICATION

I certify that the information provided on this form is true and correct to the best of my/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:** _____