

Student Name \_\_\_\_\_

## Office of Student Financial Services (SFS)

Student SSN \_\_\_\_\_

514 University Avenue Selinsgrove, Pennsylvania 17870-1164

T: 570.372.4450 F: 570.372.2722 E: <u>sfs@susqu.edu</u> https://www.susqu.edu/

## 2023-2024 VERIFICATION FORM - INDEPENDENT STUDENT

| Last   | First   | MI  |   |
|--|---|---|---|
| Student Date of Birth  |   |   |   |
| Student Telephone # ( )  |   | Student email   |   |
| Complete and sign this verification financial aid won't be delayed. If yo  |   | ,   |   |
| The U.S. Department of Education collect information in this format cannot be processed until all requaward period will result in a loss cannot be processed until the Verifica  | to confirm that you have en<br>ested information is received<br>of aid. This review must be c | ntered correct information or<br>. Failure to complete verifica<br>conducted under the financia | n your FAFSA. Your financial aid ation by the last enrolled day of the laid program rules (34 CFR, Part |
| Successful completion of the Ver spouse (if applicable).   | ification process requires st   | udents provide income infor   | mation for both themselves AND  |
| For tax filers - If you did <b>not</b> submi<br>the Student Financial Services staf  | •   | ng the IRS Data Retrieval To  | ol, you must obtain and provide to  |
| <ul> <li>A copy of your 2021 Tax<br/>preparer information; or</li> </ul>   | Return, including schedules   | 1, 2, and 3 (if filed), signed  | by the tax payer or containing tax  |
| <ul> <li>A copy of your 2021 IRS T</li> </ul>  | ax Return Transcript  |   |   |
| <ul> <li>Call the IRS a</li> </ul>   | t 1-800/908-9946, or go to <u>h</u>   | ttp://www.irs.gov/Individuals/  | Get-Transcript, to order.   |
| For non-tax filers – Obtain a Confir 7). If the student is married and confirmation.   | · ·   | , ,   | •   |
| FAMILY INFORMATION   |   |   |   |
| List the people in <b>your household</b> .   | · ·   |   |   |
| <ul> <li>yourself, and your spouse</li> </ul>  |   |   |   |
| <ul> <li>your children, if you will present the present that it is a second to the present that it is a second that it is a second to the present that i</li></ul> | ovide more than half of their s   | support from July 1, 2023 thro  | ough June 30, 2024, <b>and</b>  |

Also write in the name of the college for any household member who will be attending college at least half-time between July 1, 2023, and June 30, 2024, **AND** will be enrolled in a degree, diploma, or certificate program. Attach an additional sheet if necessary.

more than half of their support from July 1, 2023, through June 30, 2024.

other people if they now live with you AND you provide more than half of their support AND will continue to provide

| Age | Relationship       | College                |
|-----|--------------------|------------------------|
|     | Self (You/Student) | Susquehanna University |
|     |                    |                        |
|     |                    |                        |
|     |                    |                        |
|     |                    |                        |
|     |                    |                        |
|     | Age                |                        |

| STUDE   | ENT NAME:  |   |  |  |  |
|---|--|---|--|--|--|
| TAX FILI  | ING AND INCOME INFORMATION   |   |  |  |  |
| Student: check one box below. Were you required to file a 2021 Federal Income Tax Return? |  |   |  |  |  |
| ٥   | ☐ YES. You must provide income information on the FAFSA using the IRS Data Retrieval Tool (DRT), <i>OR</i> provide tax documentation outlined on page 1 of this form.  |   |  |  |  |
|   | NO. Read and sign the <b>bolded</b> statement below, complete the Employer and Wage table, and attach all corresponding W-2's. You must also provide a Confirmation of Non-Filing from the IRS by submitting Form 4506-T to the IRS (instructions on page 1 of this form).                 |   |  |  |  |
|   | I certify that I did not and will not file a federal tax return for calendar year 2021. I further certify that I have given accurate and complete account of all taxable earnings and non-taxable benefits. I have included money received or paid on my behalf during calendar year 2021. |   |  |  |  |
|   | Student signature:   | Date:   |  |  |  |
|   | Employer name  | 2021 Wages  |  |  |  |
|   |  |   |  |  |  |
|   |  |   |  |  |  |
|   | VING SIGNATURES ertify that all the information reported on this worksheet is c  | complete and correct.   |  |  |  |
| Warnin<br>both.   | g: If you purposely give false or misleading information of  | on this worksheet, you may be fined, be sentenced to jail, or |  |  |  |
| Studen  | t Signature  | Date  |  |  |  |
| Spouse  | e Signature (if applicable)  | Date  |  |  |  |
| Please  | return to by mail or fax to:   |   |  |  |  |
| Susque<br>514 Un  | t Financial Services<br>ehanna University<br>niversity Ave.<br>prove, PA 17870   |   |  |  |  |

FAX: 570/372-2722