2020 - 2021 Verification Worksheet Federal Student Aid Programs

Independent

Revised 09/2019

Your application was selected for review in a process called verification. In this process, NWOSU must compare information from your application with copies of your 2018 federal tax return transcript (and your spouse's, if you are married). This law says we have the right and responsibility to require this information before awarding Federal aid. If there are differences between your application and your other documents, corrections may need to be submitted.

A. Student Infor	mation					
Last Name	First Name	M.I.		Social Security	Social Security Number	
Address (include apt.	#)			Date of Birth		
City	State	Zip Code		Phone Number	Phone Number (include area code)	
B. Family Inform	ation					
 yourself and you your children, if any other people and receive mor Number in College	e than half of their support : Include below information te program at an eligible po	of their support d receive more from you throug n about, any ho	t from July 1, 2020, the than half of their supp gh June 30, 2021. usehold member who		<u>me in</u> a degree,	
Full Name		Age	Relationship	College	Will be Enrolled at least half- time? Yes or No	
			Self	NWOSU		
	(Atta	ch a sanarata	sheet if you need m	noro room \		
C. Tax Forms an	d Income Information	cri a separate	sneet II you need II	iore room. ₁		
☐ I filed taxes. (attach tax return transcript)			☐ My spouse file	d taxes. (attach tax return t	ranscript)	
FOR ALL NON-F	ILERS					

My spouse did not file taxes.

(see non-filer form)

☐ I did not file taxes.

(see non-filer form)

Use your 2018 Federal Tax Return to complete this form. If the answer is zero or the question does not apply, enter 0.

Student Yearly Amount	2018 Additional Financial Information	
\$	Education credits (American Opportunity Tax Credit and Lifetime Learning tax credit) from IRS Form 1040 – Schedule 3 line 50	
\$	Child support <u>paid</u> because of divorce or separation or as a result of a legal requirement. <u>Don't include</u> support for children in your or your parents' household.	
Yes or No	In 2018 or 2019, did you, or anyone in your household receive benefits from Supplemental Nutrition Assistance Program (SNAP)	
Student Yearly Amount	2018 Untaxed Income	
\$	IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040-Schedule 1 total of line 28+32	
\$	Tax exempt interest income from IRS Form 1040 - line 2a	
\$	Untaxed portions of IRA distributions from IRS Form 1040 – line 4a minus line 4b. Exclude rollovers . If negative, enter a zero here.	

All questions must be answered.

By signing this worksheet, I certify that all the information reported on this worksheet is complete and correct.
Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Date

Sign this Worksheet

Student's Signature