

Last Name

A. Student Information

First Name

## 2023-2024 Verification Worksheet

## Federal Student Aid Programs

Student SSN or C-SC ID Number

Your Free Application for Federal Student Aid (FAFSA) has been selected by the Department of Education for verification. We are required by federal law to compare your application with information on this form and with 2021 federal tax information. If any items need to be corrected, the Culver-Stockton Financial Aid office will submit the correction electronically to the Department of Education. Documents must be submitted within two weeks of the initial request to avoid delay in processing of your financial aid package. If you have questions, contact us at 573-288-6307. Forms that are left blank or incomplete will delay your financial aid application.

M.I.

| Street Address   |                   |                                     |                         | Date of Birth   |                         |                            |  |  |
|--|-------------------|-------------------------------------|-------------------------|---|-------------------------|----------------------------|--|--|
| City   | State             |                                     | ZIP code                | Cell Phone Number                                     |                         |                            |  |  |
| B. Family Info   | ormation          |                                     |                         |   |                         |                            |  |  |
| List the people in   | n your househo    | ld between July                     | y 1, 2023 to June 30,   | 2024. Attach a separate p                             | age if additional spa   | ace is needed.             |  |  |
| List ALL people i<br>Dependent Stud<br>· Yourself, Yo  | ents              |                                     |                         | usehold where you reside                              | . including step-par    | rent. You must include     |  |  |
| step-parent  | income on the     | e parent financi                    | al section of the FAFS  | SA. If your biological parer                          | nts are unmarried a     |                            |  |  |
|  |                   |                                     |                         | the parent financial section provide more than 50% of |                         | not include factor         |  |  |
|  | your household    |                                     | ii your pareiit(s) wiii | provide more than 30% o                               | then support. Do i      | iot include loster         |  |  |
| <ul> <li>Other peop</li> </ul>   | le if they live w | ith you in your                     |                         | our parent provides more immediate family membe       |                         | support. You will be       |  |  |
| Independent St   |                   |                                     |                         |   |                         |                            |  |  |
| • Yourself and your spouse (if you are married)  |                   |                                     |                         |   |                         |                            |  |  |
| <ul> <li>Your dependent children, if you will provide more than 50% of their support. Do not include foster children.</li> <li>Other people if they live with you in your household, ONLY if your household provides more than 50% of their support. You will</li> </ul> |                   |                                     |                         |   |                         |                            |  |  |
|  |                   |                                     |                         | an immediate family mem                               |                         | ien support. Fou wiii      |  |  |
| Full N   | ame               | Age                                 | Relationship to         | Attending College                                     | Name /                  | of College                 |  |  |
| (Student and Far   |                   | (Required)                          | Student (Required       | 2023-24   | (if enrolled at least p | art-time, not dual credit) |  |  |
|  |                   |                                     | Self                    | ⊠ Yes □ No  | Culver-Sto              | ckton College              |  |  |
|  |                   |                                     |                         | ☐ Yes ☐ No  |                         |                            |  |  |
|  |                   |                                     |                         | ☐ Yes ☐ No  |                         |                            |  |  |
|  |                   |                                     |                         | ☐ Yes ☐ No  |                         |                            |  |  |
|  |                   |                                     |                         | ☐ Yes ☐ No  |                         |                            |  |  |
|  |                   |                                     |                         | ☐ Yes ☐ No  |                         |                            |  |  |
| C. Verificatio   | n of Child Sເ     | pport Paid                          |                         |   |                         |                            |  |  |
|  |                   |                                     |                         | rents listed in Section B, F                          | •                       | -                          |  |  |
|  |                   |                                     |                         | u listed in Section B. Com                            |                         |                            |  |  |
|  |                   | ocumentation on<br>ne and College I |                         | ild support. (If you need n                           | nore space, attach a    | separate page that         |  |  |
|  |                   | Name of Adul                        | It to Whom Support      | Name and age of Child for                             |                         | Amount of Support          |  |  |
| Child Su   | ipport            | w                                   | as Paid                 | Whom Support  | Was Paid                | Paid in 2021               |  |  |
|  |                   |                                     |                         |   |                         |                            |  |  |
|  |                   | <u> </u>                            |                         |   |                         |                            |  |  |

| Student Name:  | V1/V<br>Student ID:  | 5   |  |  |
|--|--|---|--|--|
| D. Student and Parent Tax Return & Income Ir   | <del></del>  |   |  |  |
| Student and Parent Tax Return & Income Instudent (and Spouse if applicable)  Tax Return Information - check one box.  I filed taxes in 2021 and have used the IRS DRT on the to transfer 2021 IRS income tax return information to FAFSA.  I filed taxes and have enclosed a signed copy of my Federal Tax Return (Form 1040 with Schedules 1, 2, and/or F if applicable) that has been submitted to the a copy of my 2021 Tax Return Transcript.  | Parent(s) of Dependent Students  Tax Return Information - check one box.  The parent(s) filed taxes in 2021 and have used the IRS DRT the FAFSA to transfer IRS income tax return information to student's FAFSA.  The parent(s) filed taxes and have enclosed a signed copy of the 2021 Federal Tax Return (Form 1040 with Schedules 1, and IRS OR 3, C and/or F if applicable) that has been submitted to the I  | Parent(s) of Dependent Students  Tax Return Information - check one box.  ☐ The parent(s) filed taxes in 2021 and have used the IRS DRT on the FAFSA to transfer IRS income tax return information to the |  |  |
| □ Dependent Student: I did not file taxes, and I verify to was not required to file taxes. □ Independent student: I did not files taxes. I understarequired to submit a Verification of Non-filing stater from the IRS, and it is attached.  Vage Information - check one box. □ I do not have a 2021 W-2 or 1099. □ I have a 2021 W-2, 1099, and/or a Schedule C or Farattached. □ I had a job in 2021, and no W2 was provided.  Student Employer Name Amount Paid □ Amount Paid □ C. Verification of Additional Untaxed Income | required to file taxes. As a parent, I understand I am required to submit a Verification of Non-filing statement from the IR and it is attached.  Wage Information - check one box.  Parent(s) do(es) not have a 2021 W-2 or 1099.  Parent(s) have a 2021 W-2, 1099, and/or a Schedule C or Fait is attached.  I had a job in 2021, and no W2 was provided.  Parent Employer Name  Amount Paid   | S,<br>and   |  |  |
| nsert an amount in all boxes below that apply. Enter \$0 i<br>Student/Spouse 2021 Ad   | f it does not apply.  ditional Untaxed Income Parent(s)  |   |  |  |
| Child support received for all children. D   | o not include foster care or adoption payments.  |   |  |  |
| Housing, food and other living allowand (including cash payments and cash value)  Other untaxed income (enter exact description)   | ces paid to members of the military, clergy and others of benefits received).  |   |  |  |
| Certification and Signatures   | . ,  |   |  |  |
|  | initial and in the initial and in the initial and init | ng  |  |  |
| Parent Signature (Dependent Students Only) Date (req   | sentenced to jail, or both.  juired)   |   |  |  |

To obtain an electronic or paper copy of an IRS Tax Return Transcript or Verification of Non-Filing Letter:

Online or Mail request: Go to www.irs.gov and click 'Get Your Tax Record'. Click on either 'Get Transcript Online' or 'Get Transcript by Mail'. Follow the onscreen directions. You MUST request the IRS Tax RETURN Transcript. Non-filing letters, and wage and income transcripts may also be requested online from the IRS.