


 Dependent

 Independent

## VERIFICATION WORKSHEET 2022-2023

Student ID Number

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Last Name _____	First Name _____	Social Security Number _____
Address _____	(____) _____ Phone Number	
City _____	State _____	Zip _____ Date of Birth _____

Your FAFSA application has been selected for verification. In this process, the Financial Aid Office (FAO) is required to verify that all information submitted on your FAFSA application is correct. In order to do this the school is required to collect proof of income for the 2020 year. Students and their spouses, or students and their parents must submit copies of their 2020 **IRS Tax Return Transcripts**. Or if you, your spouse and/or your parents were not required to file taxes then you must submit proof of income earned or received in 2020 such as copies of the 2020 W-2 forms etc. Federal regulations require schools to collect these documents before awarding federal student aid. If differences are found between your FAFSA application and the financial documents submitted the FAO is required to make corrections to your FAFSA according to U. S. Department of Education Program Rules 34 CFR, Part 668.

### B. HOUSEHOLD INFORMATION

If you are able to apply *excluding* parent income information, list yourself, and if applicable, your spouse, and/or your children for whom you and /or your spouse provide more than half of their support, and other people who live with and receive more than half of their support from you and/or your spouse.

If parent income information was reported on the FAFSA, include yourself (even if you do not currently live with your parents), your parent(s), your parent's children if your parent(s) provides more than half of their support, and other people who live with **and** receive more than half of their support from your parent(s).

Also include the name of the college where they will be attending between July 1, 2021 and June 30, 2022, if they will be seeking a degree or certificate and attending at least half time. DO NOT list Dual Credit Students (enrolled in HS and College at the same time) as attending College. If you need more space, attach a separate page.

NAME	AGE	RELATIONSHIP	COLLEGE
		SELF	NCTC

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**C. TAX AND INCOME INFORMATION**

For all tax filers, include **copies of your 2020 IRS Tax Return Transcript** and all W-2 forms used to complete the tax returns. Also include any tax schedules that pertain to your federal tax form. If you did not already have a copy of your tax return transcript, you must request one from the IRS online at [www.irs.gov](http://www.irs.gov), or by calling 1-800-829-1040.

**Please check appropriate box:**

**Student (and/or Spouse)**

- Copy of 2020 IRS Tax Return Transcript (and schedules) and W-2's attached
- Check here if you did not file or were not required to file a 2020 U.S Income Tax Return. **Attach a copy of your W-2's (if applicable)** or other documentation of income such as 1099 forms.

**Parent( s) (if applicable)**

- Copy of 2020 IRS Tax Transcript (and schedules) and W-2's attached
- Check here if you did not file or were not required to file a 2020 U.S Income Tax Return. **Attach a copy of your W-2's (if applicable)** or other documentation of income such as 1099 forms.

If you were not required to file a 2020 Federal income tax return, list the name of your employer (s) and amount of income earned

Student 's Sources of Employment	Amount	Parents' Sources of Employment	Amount
	\$		\$
	\$		\$

**D. UNTAXED INCOME AND TITLE IV EXCLUSIONS FOR 2020**

These figures should equal dollar amounts listed on the FAFSA form, questions 43 and 44, 91 and 92. If they do not match, additional documentation will be requested. **BE SURE TO ENTER ZERO IF NO FUNDS WERE RECEIVED.**

<b>STUDENT</b>	<b>Additional Financial Aid Information - Calendar Year 2020</b>	<b>PARENT</b>
\$	Child support paid because of a divorce or separation or as the result of a legal requirement. Don't include support for children in your house as reported in household size on the front of this work-sheet.	\$
\$	Taxable earnings from need based employment programs, such as Federal Work-study and need based employment portions of fellowships and assistantships.	\$
\$	Student grants and scholarship aid reported to the IRS in your (or your parents') adjusted gross income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.	\$
\$	Combat pay or special combat pay. Only enter amount that was taxable and included in your adjusted gross income. Combat pay is reported on the W-2 in Box 12, Code Q.	\$
<b>Untaxed Income - Calendar Year 2020</b>		
\$	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S.	\$
\$	Child Support received for all children. Don't include foster or adoptive payments.	\$
\$	Housing, food and other living allowances paid to members of military, clergy and others (including cash payments and cash values of benefits).	\$
\$	Veterans non-education benefits such as Disability, Death Pension, or Dependency & indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	Other untaxed income and benefits, not reported, such as SNAP, workers' compensation, disability, etc. Don't include student aid, WIA educational benefits, combat pay if you are not a tax filer, benefits from flexible spending arrangements, e.g. cafeteria plans, foreign income exclusion or credit for federal tax on special fuels.	\$
\$	Money received or paid on your behalf, not reported elsewhere on this form.	\$

**Sign the Worksheet**

By signing this worksheet, I (we) certify that all information reported on this worksheet is complete and correct. If dependent, at least one parent must sign. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature	Date	Parent's Signature (Dependent Students)	Date
This form has been modified to serve as the NCTC Verification Worksheet from the valid OMB control number for information collection 1845-0041.			
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