2019-2020 DEPENDENT VERIFICATION WORKSHEET

Last name	First na	me	M.I.	Your 2019-2020 Free Application fo was selected for review in a proces says that before awarding Federal S confirm the information you report	ss called verification. The law Student Aid, we may ask you to
Address (include apt. no.)				that you provided correct informat administrator will compare your FA this worksheet and with any other	ion, the financial aid AFSA with the information on required documents. If there
City	State	(ZIP Code	are differences, your FAFSA inform corrected. You must complete and required documents, and submit th documents to the financial aid adm	sign this worksheet, attach any ne form and other required
ID/Social Security Number	Date of Birth	Phone	number (include area code)	additional information. Until all forms/documents are received, your aid cannot be processed. If you have questions about verification, contact our office as soon as possible so that your financial aid will not be delayed.	
I. Household Infor	mation				
you must include you 2. Your parent(s) depen 3. Include other people July 1, 2019-June 30, 4. Include the name of t at a postsecondary ed	r step-parent. Idents for the 2019-; If they live with you 2020. The college for any hou Sucational institution Social Security Numb	20 academic and will rece ousehold me n any time be	year. Include yourself and oth eive at least half of their suppo ember who will be enrolled at etween July 1, 2019, and June	more during the past 12 months ner dependent children. ort from your parent(s) during th least half time, in a degree, diplo 30, 2020. If more space is neede do not report parent's college a	oma, or certificate programed, attach a separate page attendance. Will be Enrolled at
			Self	Prairie State College	Least Half Time
			3611	Fraille State College	
If you need more space, a	ttach a senarate nag	re			
II. Student Tax For			n		
Check only one box below		normatio	•		
The FAFSA was comp	leted using the IRS D	ata Retrieva	l tool. No adjustments were m	nade to any of the transferred in	come information.

	Sources of Untaxed Income	2017 Amount
a.	Untaxed Portions of Individual Retirement Account (IRA) Distributions	\$
b.	Untaxed Portions of Pensions	\$
c.	IRA Deductions and Payments	\$
d.		\$

The FAFSA could not be completed using the IRS Data Retrieval tool. An official IRS tax transcript or signed IRS 1040 tax return for the 2017 tax year will be submitted. To obtain an IRS tax return transcript, go to www.irs.gov and click on "Get Your Tax Record," or call 1 (800) 908-9946.

I will not file and am not required to file a 2017 U.S. Income Tax Return. I am attaching all 2017 W-2(s) for each source of employment income.

I will not file and am not required to file a 2017 U.S. Income Tax Return. Further, I did not receive any 2017 W-2(s). All sources of untaxed

income, if applicable, are listed below:

^{*}In certain situations we may require documentation from the agency that issues the Food Stamps benefit.

2019-2020 DEPENDENT VERIFICATION WORKSHEET (PAGE 2)

Last name	First name	M.I.	ID/Social Security Number
III. Danant/s\ Tay F	our and Income Information		
Check only one box below	orm and Income Information		
The FAFSA was comp	oleted using the IRS Data Retrieval tool. No a	djustments were made to a	ny of the transferred income information.
year will be submitte		le separately you must atta	cript or signed IRS 1040 tax return for the 2017 tax ich a transcript or tax return for both parents. To call 1 (800) 908-9946.
My parent(s) will no employment income	t file and are not required to file a 2017 U.S. l e.	ncome Tax Return. I am att	aching all 2017 W-2(s) for each source of
	t file and am not required to file a 2017 U.S. I pplicable, are listed below:	ncome Tax Return. Further,	I did not receive any 2017 W-2(s). All sources of
	Sources of Untaxed Income		2017 Amount
a. Untaxed Portions of Ir	ndividual Retirement Account (IRA) Distributions	\$	
b. Untaxed Portions of P	ensions	\$	
c. IRA Deductions and Pa	ayments	\$	
d.		\$	
2. Names of the childre	en for whom support was paid:		
3. Total amount of 201	.7 support paid:		
	b) a statement from the individual receiving		divorce decree that shows the amount of child he amount provided; or (c) copies of the child
V. Signatures			
who completed the FA			e and correct. The student and the parent misleading information on this worksheet,
Student			Date
Parent			Date

Submit this form to the Financial Aid Office.