

Office of Student Financial Services (SFS)

514 University Avenue

Selinsgrove, Pennsylvania 17870-1164

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

2020-2021 VERIFICATION FORM - DEPENDENT STUDENT

Student Name				StudentSSN
	Last	First	MI	
Student Date of Birth				
Student Telephone #	()	Student email		
Parent Telephone #	()	Parent email		
		turn it to Student Financial Services questions, please contact Student F		
collect information in this cannot be processed until award period will result in	format to confirm the all requested inform a loss of aid. This r	hat you have entered correct infor ation is received. Failure to comple	mation o ete verific e financ	led "verification." SU is required to on your FAFSA. Your financial aid cation by the last enrolled day of the cial aid program rules (34 CFR, Part mentation is received
Successful completion of the threat t	ne Verification proce	ess requires that families provide inc	ome info	rmation for both the student AND
For tax filers - If you did not	: submit your 2020-2	2021 FAFSA using the IRS Data Ret	<mark>rieval To</mark>	ol, you must obtain and provide:
 A copy of your 201 tax preparer inform 		ding schedules 1, 2, and 3 (if filed),	<mark>and sigr</mark>	ned by the tax payer or containing
 A copy of your 201 	18 IRS Tax Return Tr	ranscript		
Call th	ne IRS at 1-800/908	-9946, or go to http://www.irs.gov/lr	<u>idividual</u>	s/Get-Transcript, to order.
		on of Non-Filing from the IRS by subrousehold must provide this confirmat	_	orm 4506-T to the IRS
EAMILY INFORMATION				

FAMILY INFORMATION

List the people in your parent's household. Include the following:

- your parents (including stepparent) and yourself, even if you don't live with your parents, and
- your parents' other children, even if they don't live with your parents, if: (a) your parents will provide more than half of their support from July 1, 2020 through June 30, 2021, AND (b) the children are under age 24 and neither married nor veteran of the armed services and
- other people if they now live with your parents AND your parents provide more than half of their support AND will continue to provide more than half of their support from July 1, 2020, through June 30, 2021.

Also write in the name of the college for any household member who will be attending college at least half-time between July 1, 2020 and June 30, 2021, AND will be enrolled in a degree, diploma, or certificate program. Attach additional sheet if necessary.

Full Name	Age	Relationship	College
		Self (Student)	Susquehanna University

STUDENT NAME:				
TAX FILING AND INCOME INFORMATION Student: check one box below. Were you required to file a 2018	Federal Income Tax Return?			
☐ YES. You must provide income information on the FAFSA using the IRS data retrieval tool, OR provide an IRS tax return transcript.				
file a federal tax return for calendar year 2018. I further	pelow, and attach all W-2's. I certify that I did not and will not certify that I have given accurate and complete account of all ded money received or paid on my behalf during calendar year			
Employer name	2018 Wages			
return transcript. NO. Sign the following statement, complete the take Confirmation of Non-Filing from the IRS by submitting Fand will not file a federal tax return for calendar year 20	SA using the IRS data retrieval tool, OR provide an IRS tax ble below and attach all W-2's. You must also provide a Form 4506-T to the IRS (check box 7). I certify that I did not 018. I further certify that I have given accurate and complete			
calendar year 2018. Parent signature:	s. I have included money received or paid on my behalf during			
Employer name	2018 Wages			
We certify that all the information reported on this worksheet is c	omplete and correct.			
Warning: If you purposely give false or misleading information or both.	n this worksheet, you may be fined, be sentenced to jail, or			
Student Signature	Date			
Parent Signature	Date			

Please return by mail or fax: Student Financial Services Susquehanna University 514 University Ave. Selinsgrove, PA 17870 FAX: 570/372-2722