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## 2025–2026 Verification Worksheet Independent Student

| Last Name                         | First Name  |                     | M.I.   | Last 4 of S            | SN#  |  |  |
|-----------------------------------|---|---------------------|--|------------------------|--|--|--|
| Street Address (include apt. no.) |   |                     |  | Chipola ID#            |  |  |  |
| City                              | State Zip Coo   |                     | Zip Code                                       | Date of Birth          |  |  |  |
| Home/Cell Phone                   | Number (include area code   | e)                  |  | Email Add              | ress   |  |  |
| B. Number of                      | umber of people in the household and in college Your Full Name    |                     |  |                        | Age Will you enroll at least half-time                               |  |  |
|                                   |   |                     |  |                        |  |  |  |
|                                   | Full Name A   |                     |  | tionship to<br>tudent  | Will this person<br>be enrolled at<br>least half-time<br>in college? | If enrolled at least ha<br>time, what college wi<br>they attend? |  |
| • Ch<br>(ev<br>• Oth              | en if they do not current<br>ner people that live with<br>30/2026 | pouse wity live wit | ill provide more the hyou) currently receiving | g more than half of th | neir financial suppo   |  |  |
|                                   | Full Name   | Age                 | Relationship                                   | College                |  | Will be Enrolled Least Half Time                                 |  |
| Missy Jones                       | s (example)   | 18                  | Sister   | Centra                 | l University   | Yes  |  |
|                                   |   |                     |  |                        |  |  |  |
|                                   |   |                     |  |                        |  |  |  |

| Student 2023 Income Tax Information   |   |  |   |  |  |  |
|---|---|--|---|--|--|--|
| <ul> <li>If we request your 2023 Tax Transcripts you may follow one of the steps below to request them:</li> <li>Request by phone @ 1-800-908-9946 or 1-844-545-5640</li> <li>Request your tax return transcripts on-line @www.irs.gov/transcripts</li> <li>Print your own tax transcripts on-line at @www.irs.gov/transcripts – by making an account and following the online instructions.</li> </ul> |   |  |   |  |  |  |
| Student 2023 Income Information for New York 1985   | ontax Filers  |  |   |  |  |  |
| If you (and/or your spouse) did not, and wi   | Ill not, file 2023 taxes, you must:   |  |   |  |  |  |
| <ul><li>Request by phone @ 1-</li><li>Request your tax return</li><li>Complete the IRS Form</li></ul>   | S dated on or after 10/01/2023 that filing document from the IRS, your part 800-908-9946 or 1-844-545-5640 transcripts on-line @ www.irs.gov/transcripts on-line @ www.irs.gov/transcripts on-line @ www.irs.gov/transcripts on-line @ www.irs.gov/ | rent may complete one of the  anscript -  I mail or fax to the number of | e following steps: on page 2 of the form. |  |  |  |
| Check the box below that applies to   | o you (and/or your spouse's 2023 ir   | ncome:   |   |  |  |  |
| Either I or my spouse received  | untaxable income, such as disability b<br>spouse will provide income and non-fil  | enefits, social security benef   | fits, welfare payments,                   |  |  |  |
|   | employed and did not have any incomin a non-filing documentation from the   |  |   |  |  |  |
| <ul> <li>I (and/or my spouse) was employe</li> <li>List the names of your employe</li> <li>Copies of your 2023 W-2 forms</li> </ul>   |   | rn.  |   |  |  |  |
| Name of Person Income Provided For  | Employer's Name   | 2023 Amount Earned (W2's)  | Was an IRS Form<br>Provided?              |  |  |  |

Chipola ID#

## \*\*\*\* PLEASE NOTE: IF YOU AND YOUR SPOUSE FILED SEPARATE RETURNS IN 2023 WE WILL NEED TAX TRANSCRIPTS FOR YOU AND YOUR SPOUSE.

If more space is needed, provide a separate page with the student's name and ID number.

## D. On the chart below list all untaxed income received in 2023 for student and spouse. REPORT AMOUNTS FOR 2023

| \$<br>Payments to tax-deferred pension and savings plan (paid directly or withheld from earnings) including, but not limited amounts report on the W-2 forms in Boxes 12a – 12d, codes D, E, F, G, H and S. <b>Do not include amounts reported with code DD.</b>  |
|---|
| \$<br>IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS form 1040 schedule 1 – total of Line 16 + 20.  |
| \$<br>Child support <b>received</b> for any of your children in the year of 2023.   |
| \$<br>Housing, food and other living allowances paid to members of the military, clergy and others (including cash payment and cash value of benefits). <b>Do not include the value of basic military allowances for housing,</b>   |
| \$<br>Veteran's non-educational benefits such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and or V/A Educational Work-Study allowances.   |
| \$<br>Any other untaxed income or benefits not reported elsewhere such as worker's compensation, disability. Also include the untaxed portion of health savings accounts from the IRS 1040 Schedule 1 Line 13. Do NOT include any of the following: extended foster care benefits, student aid, earned income credits, additional tax credits, welfare payments, untaxed Social Security Benefits, Supplemental Social Security Income, Workforce Innovation and Opportunity Act Educational Benefits, on base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (i.e. cafeteria plans) foreign income or credit for federal tax or special fuels. |

Student Name:

| Student Name: |   |  | Chipola ID#      |  |  |  |  |  |  |  |
|---------------|---|--|------------------|--|--|--|--|--|--|--|
|               | E. Did anyone listed in your household receive benefits from the Supplemental Nutrition Assistance Program or SNA<br>(formerly known<br>as food stamps) during the 2023/2024 calendar year? |  |                  |  |  |  |  |  |  |  |
|               | YES, I did receive SNAP benefits NO, I did NOT receive SNAP benefits  |  |                  |  |  |  |  |  |  |  |
| Supple        | mental Nutrition Assistance Pr  | ogram or SNAP                                    |                  |  |  |  |  |  |  |  |
| [             | One of the persons listed on thi documentation of the receipt of  |  |                  | 23/2024. If asked by the student's         | school, I will provide                     |  |  |  |  |  |
| F.            | Child Support   |  |                  |  |  |  |  |  |  |  |
|               | Complete this section if the student  | and/or spouse PAID (NO                           | Γ received) chil | d support in 2023.                         |  |  |  |  |  |  |
|               | Name of Person Who Paid Child<br>Support  | Name of Person to Whom Child<br>Support was Paid |                  | Name of Child for Whom<br>Support Was Paid | Amount of Child<br>Support Paid in<br>2023 |  |  |  |  |  |
|               | Marty Jones   | Chris Smith (example)                            |                  | Terry Jones                                | \$6,000.00                                 |  |  |  |  |  |
|               |   |  |                  |  |  |  |  |  |  |  |
| G.            | Certification and Signatures  |  |                  |  |  |  |  |  |  |  |
| informatio    | on signing this worksheet certifies the on was reported on the FAFSA must tten. Typed signatures will not   | sign and date. Any altera                        |                  |  |  |  |  |  |  |  |
| WARNING       | G: If you purposely give false or mi  | sleading information on                          | his worksheet,   | you may be fined, be sentenced             | to jail, or both.                          |  |  |  |  |  |
|               |   |  |                  |  |  |  |  |  |  |  |
|               |   |  |                  |  |  |  |  |  |  |  |
|               | Student's Signature   |  |                  | Date                                       |  |  |  |  |  |  |
|               | Spouse's Signature (Optional)   |  |                  | Date                                       |  |  |  |  |  |  |

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NOTICE: Please be advised that these documents, once completed, may contain privileged and/or confidential information. The completed documents should be returned in a manner that is private and secure.