R		
Student Rocket Number	Student Last Name	Student First Name



## 2022-23 INDEPENDENT STUDENT VERIFICATION WORKSHEET

COMPLETE WITH BLACK INK ONLY. ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

Your Free Application for Federal Student Aid (FAFSA) has been selected for a review process called verification. Through verification, the Office of Student Financial Aid compares the information you reported on your FAFSA with additional documents. Complete this form as soon as possible to avoid processing delays.

	SECTION A: STUDENT TAX FILING STAT	US			
Chec	ck one of the following:				
	I filed a 2020 Federal Tax Return.				
	I did not, will not, and am not required to file a 2020 Federal Tax Return.				
	You are required to submit a copy of your IRS Verification of Non-filing Letter for 202 letter from the IRS. You must also answer the next two questions.	20. Go to w	ww.irs.gov	v/transcri	ipt to request
	Did you earn any income from work in 2020?		Yes*		No
	Did you receive any W-2s and/or 1099s for income earned from work in 2020?		Yes*		No
	*If you answered "Yes" to either question, you are required to complete SECTION C	•			
	SECTION B: SPOUSE TAX FILING STATI	JS .			
	SECTION B: SPOUSE TAX FILING STATU ONLY COMPLETE THIS SECTION IF YOU ARE MA				
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Using W-2 forms or other earnings statements, list below all employers and income earned from each employer by the student/spouse in 2020. If you received 2020 W-2s, attach copies. Attach an additional page, if needed.

Student/Spouse Name	Employer/Source of Income Earned from Work in 2020	2020 Amount
		\$
		\$
		\$
		\$

YOU MUST ALSO COMPLETE PAGE 2.

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	२ Student Rocket Number	Student	Last N	ame	Student First N	lame
			SECT	TION D: HOUSEHOLD	MEMBERS	
L	<ul> <li>Yourself.</li> <li>Your spouse (if you are married).</li> <li>Your and your spouse's children. In 2022, through June 30, 2023, or</li> <li>Other people, if they live with your continue to receive this support from</li> </ul>	List child the child and you	ren onl	uld be considered dependence, they receive more than	nt when applying for federal stu half of their support from you a	ident aid. and your spouse, and they will
	FULL NAME OF EACH HOUSEHOLD ME	EMBER	AGE	RELATIONSHIP TO STUDENT	NAME OF COLLEGE (if the household member will be attending college at least half-time between July 1, 2022, and June 30, 2023, and will be enrolled in a degree, diploma, or certificate program)	ENROLLMENT STATUS (FT/HT/LHT) Indicate the enrollment status of household members who will be attending college: FT (12 or more credit hours), HT (6-11 credit hours), or LHT (1-5 credit hours)
				Self	The University of Toledo	

ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

Certification Statement: By signing this worksheet, I (we) certify that all of the information reported above, used to determine eligibility for federal student financial aid, is complete and accurate. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

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		TO RETURN THIS FORM:	
Student Signature	Date	Upload to:	myUT.utoledo.edu "My Financial Aid" "Secure Financial Aid Document Upload"
Spouse Signature	Date	Mail to:	The University of Toledo Office of Student Financial Aid 2801 West Bancroft Street, Mail Stop 314 Toledo, OH 43606-3390
Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.		In person:	Rocket Solution Central 1200 Rocket Hall
		Fax to:	419.530.5835