

Office Use Only:

**19 VERD** 

## 2018-19 Verification Worksheet Dependent

and sign this worksheet, attach all required documents and submit to the Office of Financial Aid.

Mail: Montclair State University
Financial Aid Office

1 Normal Avenue Montclair, New Jersey, 07043

Fax: 973-655-7712 Scan & Email:

financialaid@mail.montclair.edu

Status	(V1)
Your application has been	selected for review by the federal government in a process called "Verification". The law requires that the
information from your FA	AFSA be compared with your and your parent(s)' Federal IRS tax information as well as other financial
documents. If there are d	ifferences, your FAFSA information may need to be corrected. You and at least one parent must complete

STUDENT INFORMATION					
Last Name	First Name	M.I.	ID Number		
Address (include apartmer	at number)		Social Security Number		
City	State	Zip	Phone number (include area code)		
FAMILY INFORMATION					

List all of the people in your household for the year July 1, 2018 and June 30, 2019. INCLUDE YOURSELF, YOUR PARENT(S) (including Stepparent), YOUR SIBLINGS AND ANY OTHERS WHO RECEIVE MORE THAN HALF OF THEIR SUPPORT FROM YOUR PARENT(S). List the name of the college others will be attending if they are enrolled in a degree, diploma, or certificate program for at least six credits per term between July 1, 2018 and June 30, 2019.

Name	Age	Relationship to you	College Attending
		Self	College Attending Montclair State

## **INCOME VERIFICATION**

To verify your and your parent(s)'income, a complete 2016 Federal Tax Return Transcript must be submitted. Obtain this document at https://www.irs.gov/individuals/get-transcript. You will have to request the transcript by mail.



Last Name	First N	ame		M.I.	ID Number		
		STUD	ENT	INCOME			
I used the IRS Data Retrie	eval process when	completing	/upda	ting the 2018-19 FAFS	SA.		
My 2016 Federal IRS Tax  Verification section above			ed. (Fo	oreign tax return filers	may submit signed photoco	opies.)	See Incom
I will not file and am not please list each employer					file a tax return, but had ea	arnings	from work
Name of Employer			Amo	unt Earned in 2016	IRS W-2 Must be Submit	itted	
L							
		PAREN	T(S)	INCOME			
My parent(s) used the IRS	S Data Retrieval p	rocess wher	n com	pleting/updating the 20	)18-19 FAFSA.		
	•				reign tax return filers m	nav sul	bmit signe
photocopies.) See Income					101811 (11111111111111111111111111111111	<i>y</i>	sime signe
					our parent(s) did not file a		
			-		W-2 form). An IRS Verifindividuals/get-transcrip		n of
	ave to be obtained	mom the in	_				l
Name of Employer			Amo	Amount Earned in 2016   IRS W-2 Must b		пеа	
	UNTAXI	ED INCO	ME -	- Student and Paren	nt(s)		
List all sources of Student/Paren	t(s) untaxed incom	ne-report to	tal rec	ceived in 2016 (enter 0	if none received):		
Source of Untaxed In	come	2016 Tota	ıl	Source of U	ntaxed Income	201	l6 Total
401(k)/403(b) contribution (Be					ition or pensions (refer		
on W-2 Codes D, E, F, G, H, a IRA Deductions/payments to S	,			to 1040 or 1040A). <b>Exclude rollovers</b> Worker's compensation			
Keogh (1040 line 28+32; 1040				•	ot from Social Security)		
Child support received for the	year			•	other living allowances		
Tax exempt interest (1040 or 1040A line 8b)					ne military, clergy, etc.		
Veteran's Non-Education Benefits				Earnings Not Included On Tax Return			
Untaxed portion of health savings account			Money received or paid on your behalf not				
(1040 line 25)				reported elsewhere			
	CERTI	FICATIO	NS A	AND SIGNATURI	ES		
Each person signing this worksl	neet certifies that a	all of the in	forma	tion reported is compl	ete and correct I/We also	ackno	wledge tha
I/we have read and agree to com							
fashion may result in the appli							
Student and parent must sign:							
				· <del></del>			
Student		Date		Parent			Date