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2022 - 2023 Verification Worksheet Independent

Your application has been selected for review by the federal government in a process called "Verification". The law requires that the information from your FAFSA be compared with your and your spouse's (if applicable) Federal IRS tax information as well as other financial documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach all required documents and submit to the Financial Aid Office.

CWID Number
Social Security Number
Phone number (include area code
[]

List all of the people in your household for the year July 1, 2022 through June 30, 2023. INCLUDE YOURSELF, YOUR SPOUSE (if applicable), YOUR CHILDREN AND ANY OTHERS WHO RECEIVE MORE THAN HALF OF THEIR SUPPORT FROM YOU. 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, 2022 and June 30, 2023.

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

INCOME VERIFICATION

If you did not use the IRS DRT (Data Retrieval Tool) on your FAFSA, you and your spouse must verify the income by submitting a complete 2020 Federal 1040 Tax Return.



Last Name Fir	st Name	M.I.	CWID Number	
ST	UDENT (AN	D SPOUSE) INCOME		
I used the IRS Data Retrieval process wh	nen completing/	updating the 2022-23 FAFS.	A.	
My and my spouse's (if applicable) 2020 for important details. [Foreign tax retu			ned. See Income Verifica	tion section above
I will not file and am not required to file filing from IRS but have not been able to Employer, even if you did not receive ar	do so. (If you	did not file a tax return, but		
Name of Employer	Name of Employer		unt Earned in 2020 IRS W-2 Must be Submitted	
Name of Employer	Name of Employer		IRS W-2 Must be Sub	mitted
INTAYEDI	NCOME S	tudent (and Spouse, if a	nnlicable)	
List all sources of Student/Spouse untaxed inco			,	
Source of Untaxed Income	2020 Total		Source of Untaxed Income	
401(k)/403(b) contribution (Box 12a - 12d		Untaxed IRA distribut	Untaxed IRA distribution or pensions (refer	
on W-2 Codes D, E, F, G, H, and S) IRA Deductions/payments to SEP, SIMPLE,		Worker's compensation	to 1040 line 4a-4b). Exclude rollovers Worker's compensation	
Keough (Schedule 1)		•	Disability benefits (not from Social Security)	
Child support received for the year			Housing, food, and other living allowances	
Tax exempt interest (1040 line 2a) Veteran's Non-Education Benefits		paid to members of the military, clergy, etc. Earnings Not Included On Tax Return		
Untaxed portion of health savings account (1040 Schedule 1)		Money received or paid on your behalf not reported elsewhere		
	TIEICATION	IS AND SIGNATURES		
Each person signing this worksheet certifies the I/we have read and agree to comply with all ver fashion may result in the application being f Student and spouse (if applicable) must sign:	at all of the info	ormation reported is comples as stated by the University.	ete and correct. I/We also	mation in a timely
Student	Date	Spouse		Date