

Office Use Only:
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Status\_\_\_\_\_

## Mail/Drop-off:

Montclair State University

Red Hawk Central (Attn: Financial Aid Office)

1 Normal Avenue

Montclair, New Jersey 07043

Scan & Upload to MappingExpress:

https://mappingyourfuture.org/MappingXpress/ MontclairFADOCS/ Passcode: **Redhawk1** 

## 2019-20 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.

STUDENT INFORMATION							
Last Name	First Name	M.I.	CWID Number				
Address (include apartment n	umber)		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, 2019 through June 30, 2020. 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, 2019 and June 30, 2020.

Name	Age	Relationship to you	College Attending	
		Self	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 2017 Federal 1040 Tax Return.



Last Name	First Name	M.I.	CWID Number	
	STUDENT (A	ND SPOUSE) INCO	OME	
I used the IRS Data Retrieval p	process when completing	/updating the 2019-20	FAFSA.	
My and my spouse's (if applica for important details. [Foreign				ation section abov
I will not file and am not requifiling from IRS but have not be Employer, even if you did not	een able to do so. (If yo	ı did not file a tax retur		
Name of Employer		Amount Earned in 2	bmitted	
from work, please list each employer, even if they described in the second seco		Amount Earned in 2017 IRS W-2 Must be Su		bmitted
Name of Employer		Amount Earnea in 2	Amount Earned in 2017 IRS W-2 Must be St	
			l	
UNT	AXED INCOME –	Student (and Spouse	e, if applicable)	
List all sources of Student/Spouse unt	taxed income-report tota	al received in 2017 (ente	er 0 if none received):	
Source of Untaxed Income	e 2017 Tota	al Source	Source of Untaxed Income	
401(k)/403(b) contribution (Box 12 on W-2 Codes D, E, F, G, H, and S)			Untaxed IRA distribution or pensions (refer to 1040 or 1040A). <b>Exclude rollovers</b>	
IRA Deductions/payments to SEP, S	SIMPLE,		Worker's compensation	
Keough (1040 line 28+32; 1040A l	ine 17)		Disability benefits (not from Social Security)	
Child support received for the year Tax exempt interest (1040 or 1040A	lina 9h)		Housing, food, and other living allowances paid to members of the military, clergy, etc.	
Veteran's Non-Education Benefits	Tille 60)	-	Earnings Not Included On Tax Return	
Untaxed portion of health savings (1040 line 25)	account	Money received	Money received or paid on your behalf not reported elsewhere	
(1040 line 23)		reported else with		
	CERTIFICATIO	NS AND SIGNATI	URES	
Each person signing this worksheet or I/we have read and agree to comply we fashion may result in the application of the spouse (if applicable) much the spous	ith all verification polici on being filed as inactiv	es as stated by the Unive	ersity. Failure to submit info	rmation in a timely
Student	Date	Spoi	use	Date