

Office Use Only: 21VERI Status

## Scan & Upload to CampusLogic: https://montclair.verifymyfafsa.com

## 2020 -21 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	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, 2020 through June 30, 2021. 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, 2020 and June 30, 2021.

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 2018 Federal 1040 Tax Return.



Last Name Firs	t Name	M.I.	CWID Number	
STU	JDENT (AN	D SPOUSE) INCOME		
I used the IRS Data Retrieval process wh  My and my spouse's (if applicable) 2018 l				tion section above
for important details. [Foreign tax return			ed. See meome vermea	tion section abov
I will not file and am not required to file a filing from IRS but have not been able to Employer, even if you did not receive an	do so. (If you	did not file a tax return, but l		
Name of Employer		Amount Earned in 2018	IRS W-2 Must be Submitted	
Verification of Non-filing from IRS but have not been from work, please list each employer, even if they did  Name of Employer				
Name of Employer		Amount Earned in 2018	IRS W-2 Must be Sub	<u>mitted</u>
UNTAXED I	NCOME – St	tudent (and Spouse, if a	pplicable)	
List all sources of Student/Spouse untaxed incor	ma wamant tatal	massived in 2019 (auton 0 if	none received.	
			•	2018 Total
<b>Source of Untaxed Income</b> 401(k)/403(b) contribution (Box 12a – 12d)	2018 Total		Source of Untaxed Income Untaxed IRA distribution or pensions (refer	
on W-2 Codes D, E, F, G, H, and S)			to 1040 line 4a-4b). Exclude rollovers	
IRA Deductions/payments to SEP, SIMPLE,			Worker's compensation	
Keough (Schedule 1)		· ·	Disability benefits (not from Social Security)	
Child support received for the year Tax exempt interest (1040 line 2a)			Housing, food, and other living allowances paid to members of the military, clergy, etc.	
Veteran's Non-Education Benefits			Earnings Not Included On Tax Return	
Untaxed portion of health savings account		<u> </u>	Money received or paid on your behalf not	
(1040 Schedule 1)		reported elsewhere		
CERT	TIFICATION	IS AND SIGNATURES	S	
Each person signing this worksheet certifies that I/we have read and agree to comply with all verification may result in the application being fixed Student and spouse (if applicable) must sign:	fication policies	s as stated by the University.	Failure to submit inform	mation in a timel
Student	Date	Spouse		Date