

Last Name

City

Address (include apartment number)

Mail: JFK Muhlenberg Snyder Schools Financial Aid Office 1200 Randolph Road Plainfield, New Jersey 07061 Email – lavone.thompson@hmhn.org

UCC ID Number

Social Security Number

Phone number (include area code)

2023-24 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 required document(s)s and submit to the Financial Aid Office.

STUDENT INFORMATION

M.I.

Zip

First Name

State

FAMILY INFORMATION List all of the people in your household for the year July 1, 2023 through June 30, 2024. 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, 2023 and June 30, 2024.						
		Self	JFK Muhlenberg Snyder Schools			
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 2021 Federal 1040 Tax Return.



Last Name First	Name	M.I		
STU	JDENT (ANI	D SPOUSE) INCOME		
I used the IRS Data Retrieval process who	en completing/u	updating the 2023-24 FAFSA	A .	
My and my spouse's (if applicable) 2021 F for important details. [Foreign tax retur			ed. See Income Verifica	tion section above
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 2021 IRS W-2 Must be Submitted		mitted
My spouse will not file and is not requi the Verification of Non-filing from IRS from work, please list each employer, e	but have not be ven if they did	en able to do so. (If your spo not receive an IRS W-2 form	use did not file a tax retur n).	n, but had earnings
Name of Employer		Amount Earned in 2021	IRS W-2 Must be Sub	mitted
UNTAXED IN	NCOME – St	udent (and Spouse, if a	nnlicable)	
			,	
List all sources of Student/Spouse untaxed incom-	ne–report total i	received in 2021 (enter 0 if	<mark>none received)</mark> :	
Source of Untaxed Income	2021 Total		Source of Untaxed Income	
401(k)/403(b) contribution (Box 12a – 12d on W-2 Codes D, E, F, G, H, and S)		Untaxed IRA distribution Exclude rollovers	Untaxed IRA distribution or pensions.	
IRA Deductions/payments to SEP, SIMPLE,			Worker's compensation	
Keough		Disability benefits (not	Disability benefits (not from Social Security)	
Child support received for the year		Housing, food, and other living allowances		
Tax exempt interest		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		Money received or paid on your behalf not reported elsewhere		
CEDE			1	
CERT	IFICATION	S AND SIGNATURES	•	
Each person signing this worksheet certifies that I/we have read and agree to comply with all verification may result in the application being fill Student and spouse (if applicable) must sign:	ication policies	as stated by the Institution.	Failure to submit inform	nation in a timely
Student	 Date	Spouse		 Date