

2023-2024 Verification Worksheet- Dependent (VWS24)

A. STUDENT INFORMATION

SFCC Student ID#:	Date of Birth:	
First/Last Name: _	MI:	

Your FAFSA application is selected for review in a process called "Verification." To verify that your FAFSA information is correct, SFCC will compare information from your FAFSA with the information you provide on this worksheet and with any other required documents. If there are differences, SFCC will make the corrections on your FAFSA. During our review, we may determine that additional documentation may be needed. Please complete this form and provide all applicable documentation as soon as possible. SFCC cannot determine nor award the amount of your federal financial aid without the requested information/documentation and our review is complete.

What you should do:

- 1. Complete and sign this verification worksheet. Turn it into SFCC Financial aid Office.
- 2. Submit all documents required based on your answers in section C.
- 3. Continue to Check for RED FLAGS on your mySFCC student account. (To Check for red flags, log onto mySFCC, click on Financial Aid Tab, review the Financial Aid Requirements section)
- 4. Check your SFCC student email for any new documents request or questions about the documents you submitted.
- 5. If you have questions about the verification process, please contact the Financial Aid Office at (660) 530-5834 or email us at finaid@sfccmo.edu

B. FAMILY INFORMATION TO BE VERIFIED

In the grid below, list the people currently in your <u>parent's household.</u> Include:

- 1. Yourself (even if you don't live with your parents)
- 2. Your Parent(s) (include your stepparent)
- 3. Your parents' other children (even if they don't live with your parents) and if;
 - a. your parent(s) provide more than half of their support between July 1, 2023 to June 30, 2024, or
 - b. the child would be required to provide parental information when filling out the FAFSA.
- 4. Other people if they now live with your parent <u>and</u> your parent provided more than half of their support and will continue to provide more than half of their support July 1, 2023 to June 30, 2024.

Write the names of all current household members in the grid below. If you need more space, attach a separate page.

Full Name	Birthdate	Relationship	College Currently Attending (at least half-time)
Example: Martha Jones	mm/dd/yy	Sister	State Fair Community College
		Self	SFCC

VWS24- REV. 09/13/2022 Page **1** of **3**

udent Name: ID#				
C. 2021 INCOME TAX INFORMATIO	N TO BE VERIFIED			
rudent Income Information: Tax filing Status (check o	ne)			
☐Single ☐Head of Household ☐M	Iarried Filing Joint			
Check only one of the boxes below, then	Submit the following required document(s)			
☐ I filed or will file a 2021-1040 US Individual Income Tax Return.	> 2021 IRS Tax Return transcript or > 2021-1040 US Individual Income Tax Return (signed and dated) and Schedules 1, 2, 3 & C. ■ Did you file a: □ Schedule 1 □ Schedule 2 □ Schedule 3 □ Schedule C			
☐ I corrected my 2021-1040X IRS Amended Tax Return.	>2021-1040X IRS Amended Tax Return (signed and dated) and >2021 IRS Tax Return Transcript with the original tax information or >2021-1040 US Individual Income Tax Return (signed and dated)			
☐ I worked but I am <u>not</u> rquired to file a 2021-1040 US Individual Income Tax Return.	>2021 W-2 or >2021 1099-MISC. If you misplaced your W-2, you can request a duplicate from your employer or by going to www.irs.gov.			
	Married Filing Joint ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			
Check only one of the boxes below, then	Submit the following required document(s)			
☐ I (we) filed or will file a 2021-1040 US Individual Income Tax Return.	> 2021 IRS Tax Return transcript or > 2021-1040 US Individual Income Tax Return (signed and dated) and Schedules 1, 2, 3 & C. • Did you file a: Schedule 1 Schedule 2 Schedule 3 Schedule C			
☐I (we) corrected my 2021-1040X IRS Amended Tax Return.	>2021-1040X IRS Amended Tax Return (signed and dated) and >2021 IRS Tax Return Transcript with the original tax information or >2021-1040 US Individual Income Tax Return (signed and dated)			
☐ I (we) worked but I am not required to file a 2021-1040 US Individual Income Tax Return. *If your total income was below \$10,000, please complete section on the top of page 3.	>2021 W-2 or >2021 1099-MISC If you misplaced your W-2, you can request a duplicate from your employer or by going to www.irs.gov. and >Form 4506-T and request Verification of Non-Filer letter and >SFCC Verification of Non-Filer form (NTXI24/NTXP24)			
☐ I (we) did not work and will not file a 2021-1040 US Individual Income Tax Return. Signature required: X:(parent 1)	Form 4506-Tand request Verification of Non-Filer letter and SFCC Verification of Non-Filer form (NTXI24/NTXP24) and Fill out section on page 3.			
X:(parent 2)				

VWS24- REV. 09/13/2022 Page **2** of **3**

		a 2021 tax return with less than \$10,000 in wages, please explain how you
ssistance; support fro	om other family or relatives; su	nt. Include: monies received from all types of federal and state government apport from private or community resources. Provide an estimate of the cost for
e year for food, rent	and utilities. Note: Additio	nal documentation may be required.
	FORMATION be considered "0" zero.	
Tiote. All blanks will t	be considered to zero.	
Student	Parent(s)/Step-parent	Current Amount
\$	\$	Current total of cash, savings account(s) and checking account(s) combined
\$	\$	Current net worth* of your investments including trust funds, mutual funds, money market account, CDs, stocks and bonds, real estate (excluding the hom
		you live in.) *Net Worth= current value of investments-debt
		Current net worth of your business and/or investment farms. Do not include a family farm you live on or the family business with 100 or fewer full time (or
\$	\$	full time equivalent) employees.
E. SIGN THI	S WORKSHEET	
		all information reported is complete and accurate. I (we) understand that formation I (we) may be fined, sentenced to jail or both. I (we) understand
		be marked as incomplete (red flag) and delay the review process.
Student Signatur	re:	Date:
Parent Signature	:	Date:
	nes not discriminate on the basis of race, color, n	national origin, sex, disability, religion, sexual orientation, veteran status, or age in its program's activities or employment. The Dire

Return this worksheet and all other required documents to: State Fair Community College, Financial Aid Office 3201 West 16th Street Sedalia Mo 65301

VWS24- REV. 09/13/2022 Page 3 of 3

Fax: (660) 530-5820

Email: finaid@sfccmo.edu