



Financial Aid Office
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4th Floor Administration Bldg.

Phone 315-684-6289
 Fax 315-684-6628

2019-2020 DEPENDENT VERIFICATION WORKSHEET

A. Student's Information

 Student's Last Name First Name Date of Birth Student's Social Security

B. Family Information

List ALL people who will live in the household between 7/1/19 – 6/30/20. IF they attend college, write the name of the college they will be attending.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>College in 2019-2020</u>
		Self	SUNY Morrisville
		Parent 1 (Mom, Dad,Step- parent)	N/A
		Parent 2 (Mom, Dad,Step- parent)	N/A

C. Parent Income – You must check one

- ___ Parent filed a 2017 Federal Income Tax Return
- ___ Parent was not employed and had no income from work in 2017. Fill out: <https://www.irs.gov/pub/irs-pdf/f4506t.pdf?portlet=103>
- ___ Parent was employed in 2017 and did not file taxes. Fill out: <https://www.irs.gov/pub/irs-pdf/f4506t.pdf?portlet=103>

D. Student Income – You must check one

- ___ Student filed a 2017 Federal Income Tax Return
- ___ Student was not employed and had no income from work in 2017.
- ___ Student was employed in 2017 and did not file taxes

****ALL W2's from 2017 need to be provided to the Financial Aid Office along with the Tax Return Transcript if you did not use the IRS Data Retrieval Tool in the FAFSA.**

 Student Signature

 Parent Signature

****By signing this you certify that all information is accurate to the best of your knowledge.****