

Financial Aid Office finaid@morrisville.edu

4<sup>th</sup> Floor Administration Bldg.

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

## 2019-2020 INDEPENDENT VERIFICATION WORKSHEET

A. Student's Inform	ation		
Student's Last Name	First Name	Date of Birth	Student's Social Security
B. Family Informati	on		
List ALL people who wi the name of the college t			6/30/20. IF they attend college, write
Name	Age	Relationship	College
		Self	SUNY Morrisville
_			
D. Spouse Income (I Spouse filed a 2017 Spouse was not emp Spouse was employee  **ALL W2's from 2017	ed in 2017 and did not 23  If married) – You Federal Income Tax loyed and had no income din 2017 and did not need to be provided	ot file taxes. Fill out: has been been been been been been been bee	l Office along with the Tax Return
Transcript if you did no Student Signature	t use the IRS Data F		se Signature
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