

## 2022-23 Independent Verification Worksheet

## Federal Student Aid Programs

Your application was selected for review in a process called "verification." We must compare information you provided on your FAFSA with information provided on this form and, if requested, official 2020 IRS tax return transcripts and/or 2020 W-2 earnings statements. The law requires us to request this information before awarding financial aid. If there are differences between our FAFSA data, the information provided on this worksheet, or your financial documents, we may need to submit corrections to have your eligibility determined.

Complete this form and submit it to the Office of Financial Aid as soon as possible to prevent any delays with your financial aid.

Student Information

## What you should do:

- 1. Complete all applicable sections of this worksheet.
- 2. If you have questions about completing this worksheet, please contact your campus Financial Aid Office.
- Submit this signed worksheet and any other requested documents to your campus Financial Aid Office. If you are uncertain about which documents to attach to this worksheet, access your student portal at www.sunysuffolk.edu (My Financial Aid).

SCCC must review the requested information, and make any required corrections, under the financial aid program rules (34 CFR, Part 668).

<i>,</i>	7.1 Ottaont Information							
Last name		First name	M.I.	Student ID#				
Add	dress (include Apt. #)			Date of birth				
City		State	ZIP Code	Phone number (include area code)				
В.	Family Information							
1.	What is your current m	arital status?						
	☐ Single	☐ Married or Remarried*	☐ Separated	Month/Year of status:				
	Divorced	☐ Widowed						
*If you are married as of date you filed the FAFSA, you must include your spouse's information on this form.								

- 2. List the people in your household, including:
  - Yourself, and your spouse if you have one
  - Your children, if you will provide more than half of their support from July 1, 2022 through June 30, 2023, even if they do not live with you
  - Other people if they now live with you and you will provide more than half of their support and will continue to provide more than half of their support from July 1, 2022 through June 30, 2023. Please note the financial aid office may require proof of the data below, including, but not limited to non-filer forms from the IRS or other documentation of no/low income.

Write the names of all household members in the space(s) below. Also write the name of the college for any household member who will be attending at least half time between July 1, 2022 and June 30, 2023, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College/University Attending at Least Half-Time in 2022-23
		Self	Suffolk County Community College

C.	Tax Forms and Income Inf	ormation								
	Check only one box below.									
	Check here if you imported your (and if married, your spouse's) tax information using the IRS Data Retrieval Tool.									
	☐ Check here if you are attaching either a signed copy of your 2020 Federal Tax Return with applicable schedules OR an official IRS 2020 Federal Tax Return Transcript (print or request a copy at irs.gov or call 1-800-908-9946). Please check one of the following:									
	☐ I am not married and my 2020 Federal Tax Return or Transcript is attached									
	☐ I am married, my spouse and I filed jointly, and our joint 2020 Federal Tax Return or Transcript is attached									
	☐ I am married, my spouse and I filed separately, and each of our 2020 Federal Tax Returns or Transcripts are attached									
		ly I <i>or</i> my spouse filed a 2020 OR 2020 Federal Tax Return or the non-tax-filer.								
D.	Tax Return Non-Filers									
	☐ I am not married, I did not fi	le and was not required to file	a 2020 Federal Income Ta	ax Return						
	☐ I am married, but one of us	did not file and was not requi	red to file a 2020 Federal li	ncome Tax Return						
	☐ I am married, neither myself nor my spouse filed and were not required to file a 2020 Federal Income Tax Return									
	If you (and/or your spouse, if married) did not file and were not required to file a 2020 Federal income tax return, list below your employer(s) and any income received in 2020 (submit copies of W2 forms or other earnings statements). Also, please submit a confirmation (dated after October 1, 2021) of non-tax-filing which can be obtained from the IRS website irs.gov using form 4506-T and checking box 7.									
	Check here if confirmation of non-tax-filing is attached									
		Employer	2020 Income	W2* Attached						
	☐ Student ☐ Spouse		\$	☐ Yes ☐ No						
	Student Spouse		\$	☐ Yes ☐ No						
	☐ Student ☐ Spouse		\$	☐ Yes ☐ No						
	☐ Student ☐ Spouse		\$	☐ Yes ☐ No						
	☐ Student ☐ Spouse		\$	☐ Yes ☐ No						
	* If W-2 is unavailable vis	it irs.gov and request your 2	:020 wage and tax statem	ent.						
E.	Sign this Worksheet									
	Each person signing below ce	rtifies that all the information	reported is complete and	d correct.						
	If married, spouse's signature is optional.									
	Student Signature	Date								
	Spouse Signature	Date	<del></del>							