



2026-2027 Verification Worksheet – V1 Independent Student

Last Name: _____

First Name: _____

Student ID: _____

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and other required documents. If there are differences, your FAFSA information may need to be corrected.

You and a parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form to us. We may request additional information.

A. Tax and Income Information

STUDENT and SPOUSE (You MUST check one box below)

YES, I filed a 2024 Federal Tax Return. I have enclosed a copy of my 2024 IRS Tax Return Transcript or a signed copy of my 2024 Tax Return.

By completing this document, I certify that neither parent has filed nor is required to file a 2024 income tax return, and all their income earned from work, other income, and resources for the 2024 tax year are listed below.

My spouse (if applicable) and I were not employed, and had no income earned from work in 2024.
 My spouse (if applicable) and/or I were employed in 2024 and have listed below the names of all employers, the amount earned from each employer in 2024, and whether an IRS W-2 form, or an equivalent document is provided. Provide all copies of 2024 W-2s or equivalent documents.

Employer's Name	IRS W-2 or an Equivalent Document Provided?	Annual Amount Earned in 2024
Total Amount of Income Earned from Work		\$

My spouse (if applicable) and/or I had other income and resources that supported us for the 2024 tax year. [List each source of income in the table below. If more space is needed, provide a separate page with your name and ID number at the top.]

Source of Income	Annual Amount in 2024
Total Amount of Income	\$

How to Obtain a Tax Return Transcript:

To obtain a 2024 IRS Tax Return Transcript, go to www.irs.gov/transcript. Make sure to request the **“IRS Tax Return Transcript”**.

If you are required to file a 2024 tax return and were granted a filing extension by the IRS beyond the six-month extension for tax year 2024, provide:

- A signed statement listing sources of any 2024 income and the amount of income from each source.
- Copy of the IRS's approval of an extension beyond the automatic six-month extension for tax year 2024;
- A copy of IRS W-2 for each source of employment income received or an equivalent document for tax year 2024; and
- If self-employed, a signed statement certifying the amount of the individual's adjusted gross income (AGI), and the U.S. income tax paid for 2024.

B. Family Information

Family Size – Please list the following:

- **The student**
- **The student's spouse**, if applicable
- **The student's dependent children if all of the following are true:**
 - o They live with the student (or live apart because of college enrollment);
 - o They receive more than half of their support from the student; and
 - o They will continue to receive more than half their support from the student during the award year.
- **Other persons if the following are true:**
 - o They live with the student;
 - o They receive more than half of their support from the student; and
 - o They will continue to receive more than half their support from the student during the award year.

The family size should align with whom the student could claim as a dependent on a U.S. tax return if the parent were to file a U.S. tax return at the time of completing the 2026-2027 FAFSA.

C. Certification and Signatures

Each person signing this worksheet certifies that all the information is complete and correct. The student and spouse (if applicable) whose information was reported on the FAFSA must sign and date this worksheet.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature _____ **Date** _____

Spouse Signature (if applicable) _____ **Date** _____

Please return completed forms to:

**Office of Financial Aid
Elizabethtown College
One Alpha Drive
Elizabethtown, PA 17022**

If you have questions about verification, please contact our office with any questions at 717-361-1404 or email us at finaid@etown.edu.