## 2022-2023 Verification Worksheet

Dependent Student - Tracking Group V5

Your 2022-2023 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information, the financial aid office at John A. Logan College will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the John A. Logan College Financial Aid Office. John A. Logan College may ask for additional information. If you have questions about verification, contact the Financial Aid Office at John A. Logan College as soon as possible so that your financial aid will not be delayed.

Student's Last Nar	ne Student's First Name	Student's M.I.	Student's SSN or ID Number
Student's Street A	ddress (include apt. no.)		Student's Date of Birth
City	State	Zip Code	Student's Email Address

## B. Dependent Student's Family Information

List below the people in your **parent(s)' household**. Include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2022, through June 30, 2023, or if the other children would be required to provide parental information if they were completing a FAFSA for 2022-2023. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2023. Additional documentation may be required to include them in the household.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled **at least half time** in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2022, and June 30, 2023. *If more space is needed, attach a separate page with the student's name and Social Security Number at the top.* 

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
Missy Jones (example)	18	Sister	Central University	Yes
		Self		

Studen	t Na	ne: Student ID Number:				
C.	C. Dependent Student's Income Information to Be Verified					
	1.	TAX RETURN FILERS - Important Note: If the student filed, or must contact the financial aid office as soon as possible.	r will file, an <u>ame</u>	amended 2020 IRS tax return, the student		
	Instructions: Complete this section if the student $\underline{\text{filed or will file}}$ a 2020 income tax return with the IRS					
	Check the box that applies:					
		The student has used the IRS DRT in FAFSA on the Web to trans student's FAFSA.	fer 2020 IRS incon	ne tax return information into the		
		The student has not yet used the IRS DRT in FAFSA on the Web, information into the student's FAFSA.	ol to transfer 2020 IRS income tax retu	rn		
	The student is unable or chooses not to use the IRS DRT in FAFSA on the Web, and instead will proinstitution with a 2020 IRS Tax Return Transcript(s) or a signed copy of the 2020 income tax return applicable schedules.					
	2. TAX RETURN NONFILERS – Complete this section if the student will not file and is <u>not required</u> to file a tax return with the IRS.					
	Check the box that applies:					
	The student was not employed and had no income earned from work in 2020.					
	The student was employed in 2020 and has listed below the names of all the student's employers from each employer in 2020, and whether an IRS W-2 form is attached. Attach copies of all 202 issued to the student by employers. List every employer even if they did not issue an IRS W-2 for needed, attach a separate page with the student's name and Social Security Number at the top.					
		Employer's Name	IRS W-2	Annual Amount		
		(Example) ABC's Auto Body Shop	Provided? Yes	Earned in 2020 \$4,500.00		
		TEXAMPIO, FIDO O MAIO DOUY ONOP	100	Ψ 1,000.00		

Total Amount of Income Earned From Work

. Pa		Student ID Number:				
	Parent's Income Information to Be Verified					
bo	ote: If two parents were reported in Section B of this worksheet, the instructors the parents. If the parents are married, and separate 2020 tax returns were bmitted for each parent.					
1.	. TAX RETURN FILERS Important Note: If the student's parent(s), filed or will file, an amended 2020 IRS tax return, the student's financial aid administrator must be contacted before completing this section.					
	Instructions: Complete this section if the student's parent(s) filed or will file a 2020 income tax return with the IR					
	The parents have used the IRS DRT in FAFSA on the Web to transfer student's FAFSA.	2020 IRS income t	ax return information into the			
	The parents have not yet used the IRS DRT in FAFSA on the Web, but return information into the student's FAFSA.	t will use the tool to	o transfer 2020 IRS income tax			
	The parents are unable or choose not to use the IRS DRT in FAFSA or 2020 IRS Tax Return Transcript(s) or a signed copy of the 2020 incom					
	Check the box that applies:					
	Check the box that applies:					
	Neither parent was employed, nor neither had income earned from work in 2020.					
	One or both parents were employed in 2020 and have listed below the names of all employers, the amount earned from each employer in 2020, and whether an IRS W-2 form is attached. Attach copies of all 2020 IRS of forms issued to the parent(s) by employer(s). List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student's name and Social Security Number at the top.					
	Employer's Name	IRS W-2	Annual Amount			
	(Everynla) ABC'e Auto Body Chan					
	(Example) ABC'S Auto Body Shop	res	\$4,500.00			
	Total Amount of Income Earner	d From Work	\$			
	Total Amount of Income Earned Provide documentation from the IRS or other relevant tax authority		r October 1, 2020 tha			
(Example) ABC's Auto Body Shop	unt of Income Earned	Provided? Yes  d From Work	Earned in 2020 \$4,500.00 \$ \$ T October 1, 2020 that indicate			

	Name:	Student ID Number:				
	Documentation of Identity/Statement of Educational Purpose					
	In order to complete the Verification process, you will need to appear in person at John A. Logan College and present your unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.					
	In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.  Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)  If you are unable to appear in person at John A. Logan College to verify your identity, you must provide to the institution:					
	(a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and					
	(b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appear on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.					
	Statement of Educational Purpose					
	I certify that Iam the individual signing this Statement of Educational Purpose and					
	rectary that r	ial signing this Statement of Educational Purpose and				
	(Print Student's Name)					
	(Print Student's Name) that the Federal student financial assistance I may receive will only be					
	(Print Student's Name)					
	(Print Student's Name) that the Federal student financial assistance I may receive will only be					
	(Print Student's Name) that the Federal student financial assistance I may receive will only be attending John A. Logan College for 2022-2023.	used for educational purposes and to pay the cost of				
	(Print Student's Name) that the Federal student financial assistance I may receive will only be attending John A. Logan College for 2022-2023.  Student's Signature and Date	used for educational purposes and to pay the cost of				
	(Print Student's Name)  that the Federal student financial assistance I may receive will only be attending John A. Logan College for 2022-2023.  Student's Signature and Date  Student's ID Number  Notary's Certificate of Knowledge  State of City/County of	used for educational purposes and to pay the cost of				
	(Print Student's Name)  that the Federal student financial assistance I may receive will only be attending John A. Logan College for 2022-2023.  Student's Signature and Date  Student's ID Number  Notary's Certificate of Knowledge  State of City/County of before me, personally appeared,	Financial Aid Administrator Signature and Date  on on				
	(Print Student's Name)  that the Federal student financial assistance I may receive will only be attending John A. Logan College for 2022-2023.  Student's Signature and Date  Student's ID Number  Notary's Certificate of Knowledge  State of City/County of	Financial Aid Administrator Signature and Date  on on (printed name of signer)				
	(Print Student's Name)  that the Federal student financial assistance I may receive will only be attending John A. Logan College for 2022-2023.  Student's Signature and Date  Student's ID Number  Notary's Certificate of Knowledge  State of City/County of before me, personally appeared, (Notary's Name)	Financial Aid Administrator Signature and Date  on  (printed name of signer)  (Type of unexpired government-issued photo ID				
	(Print Student's Name)  that the Federal student financial assistance I may receive will only be attending John A. Logan College for 2022-2023.  Student's Signature and Date  Student's ID Number  Notary's Certificate of Knowledge  State of City/County of before me, personally appeared, (Notary's Name)	Financial Aid Administrator Signature and Date  on on (printed name of signer)				
	that the Federal student financial assistance I may receive will only be attending John A. Logan College for 2022-2023.  Student's Signature and Date  Student's ID Number  Notary's Certificate of Knowledge  State of City/County of before me, personally appeared, (Notary's Name)  And provided to me on basis of satisfactory evidence of identification	Financial Aid Administrator Signature and Date  on  (printed name of signer)  (Type of unexpired government-issued photo ID provided)				

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

udent Name:	Student ID Number:
Certification and Signature	
1 0 0	all of the information reported on this worksheet is complete and correct. The student reported on the FAFSA must sign and date this worksheet.
Print Student's Name	Student's ID Number
Student's Signature	Date
Parent's Signature	 Date

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the John A. Logan College financial aid office. You should make a copy of this worksheet for your records.

Note: A student who is unable to obtain the documentation listed above must contact the financial aid office.