

2022-2023 FAFSA Verification

Parent of Dependent Student - Non-Tax Filer

Student Name:				Student NU ID:				
was that	We have received your student's 2022-23 Free Application for Federal Student Aid (FAFSA). Your student's FAFSA was selected for a process called "Verification." UNK is required by federal regulation to collect information to verify that the FAFSA is accurate. Any corrections made based on this documentation will be reported to you by the Federal Student Aid Center on an updated Student Aid Report.							
Pre Fina	ase complete the instru ferred way to submit do ancial Aid page under F ir student's name and	cuments is to hav Related Documents	e student log int s. Other method	o MyBLUE and access s include email, fax, ma	'Document Upload	on the		
		<u>Paren</u>	t Income and	d Tax Information	<u>:</u>			
Par	ent Income and Tax Ir	nformation applie	s to married, u	nmarried, biological,	adoptive and step	-parents	i.	
You indicated on your student's 2022-23 FAFSA that you did not file and were not required to file a 2020 income tax return with the IRS (form 1040).								
Plea	ase check the box that	applies:						
You were not employed and had no income earned from work in 2020. You were employed in 2020 and have listed below the names of all employers, the amount earned from each employer in 2020, and whether you received an IRS W-2 form. Attach copies of								
all 2020 W-2 forms issued to you by employers. List every employer even if the employer did not issue an IRS W-2 form.								
	Parent 1 Information			Parent 2 Information (if applicable)				
	Employer	2020 Amount Earned	Did you receive a W-2?*	Employer	2020 Amount Earned	Did y recei W-2	ve a	
		\$	Yes No		\$	Yes *	No	
		\$	Yes No		\$	Yes	No	
		\$	Yes No		\$	Yes	No	
		\$	Yes No		\$	Yes	No	
	Plea	*If you marked	d "Yes," to any	ne/employers on the ba of the W-2 questions (s) when you submit	above,			
By s	signing this form I ack signing this worksheet, I correct. If asked by an rning: If you purposely o	I certify that all of the authorized official	the information r , I agree to prov	ide proof of the informa	ation I have given or	n the for		
Sigi	nature is required of at	least one parent/s	stepparent whos	e information has beer	reported on this for	rm.		
Parent signature				Date				