

Augsburg Verification Form 2019-2020

Last Name: _____ First Name: _____

Last 4 Digits of SSN: _____ Augsburg ID: _____

Phone: _____

Have you completed a bachelor's degree? ☐ NO ☐ YES

*** IF YES,** please check which degree type: ☐ BA or ☐ BS

Household Information – Follow instructions to complete the table below

If you were required to report your parent(s) information on the FAFSA, you are considered a DEPENDENT student and should include:

- Yourself and your parent(s) or step parent even if you don't live with your parent(s). If your parents do not live in the same household, list members of your custodial parent's household only
- Your parent's other children if the parent will provide more than half of their support from July 1, 2019, through June 30, 2020, or if the other children would be required to provide parental information if they were completing a FAFSA. Include children who meet either of these standards, even if a child does not live with your parent(s).
- Other people if they live with your parent(s) and your parent(s) provide more than 50% of their support

If you were not required to report parent information on the FAFSA, you are considered an INDEPENDENT student and should include:

- Yourself and your spouse if you have one
- Your children and step children if you and/or your spouse provide more than 50% of their support
- Other people if they live with you and you provide more than 50% of their support from July 1, 2019, through June 30, 2020.

List Name of All Household Family Members (Attach additional sheets as needed)	Age	Relationship to You	If Attending College in 2019-2020, list the Institution
1.		<i>S e l f</i>	<i>A u g s b u r g U n i v e r s i t y</i>
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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Student Financial Information

Did you (and/or your spouse) file an income tax return for 2017? NO _____ YES _____

If YES, use the *IRS Data Retrieval Tool* to link your 2017 taxes to the FAFSA (you may have already done this when originally completing the FAFSA):

- 1) Log on to www.fafsa.ed.gov, and select *Make a Correction*.
- 2) Click *Student Financial* on the tool bar near the top of the page.
- 3) Answer the initial tax questions. If all are "No," the FAFSA will provide a link to the IRS Data Retrieval Tool.
- 4) When completing the request, enter the information as it appears on your taxes (name, address, etc.)
- 5) Once the link is completed, continue on the FAFSA until you reach the confirmation page.

If you are unable to use the IRS Data Retrieval Tool, submit a 2017 Tax Return Transcript. You can request this at www.irs.gov/transcript.

If NO, attach 2017 W2 forms if you had earnings **and** independent students must also attach IRS Verification of Non-filing.

- **In addition**, please list all sources of income from work and total amount earned in 2017.

Employer: _____ Total: \$ _____

☐ OR check this box if you and your spouse were not employed and had no income earned from work in 2017

Parent Financial Information: (Required for a Dependent Student)

Did you (and/or your spouse) file an income tax return for 2017? NO _____ YES _____

If YES, use the *IRS Data Retrieval Tool* to link your 2017 taxes to the FAFSA (you may have already done this when originally completing the FAFSA):

- 1) Log on to www.fafsa.ed.gov, and select *Make a Correction*.
- 2) Click *Student Financial* on the tool bar near the top of the page.
- 3) Answer the initial tax questions. If all are "No," the FAFSA will provide a link to the IRS Data Retrieval Tool.
- 4) When completing the request, enter the information as it appears on your taxes (name, address, etc.)
- 5) Once the link is completed, continue on the FAFSA until you reach the confirmation page.

If you are unable to use the IRS Data Retrieval Tool, submit a 2017 Tax Return Transcript. You can request this at www.irs.gov/transcript.

If NO, attach 2017 W2 forms if you had earnings **and** also attach IRS Verification of Non-filing.

- **In addition**, please list all sources of income from work and total amount earned in 2017.

Employer: _____ Total: \$ _____

☐ OR check this box if you and your spouse were not employed and had no income earned from work in 2017

By signing this form, I certify that all the information reported is complete and accurate.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(Parent signature is required for a dependent student)