

P

- 0 -

A. Dependent Student's

STUDENT: Complete either D or E

D. STUDENT TAX RETURN FILERS

Important Note: If you filed, or will file, an amended 2021 Federal income tax return, you cannot use the IRS Data Retrieval Tool. You must request a Return Transcript and an Account Transcript at www.irs.gov . If you have been a victim of identity theft, please contact our office for instructions.

PARENT: Complete either F or G

F. PARENT TAX RETURN FILERS

Important Note: If you filed, or will file, an amended 2021 IRS tax return, you cannot use the IRS Data Retrieval Tool, and must request a Return Transcript and an Account Transcript at www.irs.gov . If you have been the victim of identity theft, please contact our office for instructions.

H. Other Information to Be Verified – check all that apply

One or more of the persons listed in Section B of this worksheet received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) during the 2021 or 2022 calendar years.

One or more of the persons listed in Section B of this worksheet received Medicaid in 2021.

One (or both) parents listed in Section B received child support. (If you checked this box please enter the total amount of child support received in 2021. \$_____.

Qpg'qt'dqj +q'h'y g'uwf gpw'r ctgpw'kugf 'kp'Uge vqp'D'r ckf 'ej kf 'uw r qt v'kp'2021. Please indicate below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid.

Name of Person Who

Name of Person to Whom

Paid Child Support