

Your aid application was selected for review in a federal process called Verification. We must compare information from your FAFSA with this worksheet and with your 2024 Federal Income Tax information. Should there be differences between your FAFSA and the information that you provided to our office, we will make those corrections to your FAFSA. We reserve the right to ask for further clarification and to request additional information under Federal financial aid program guidelines (CFR title 34, Part 668).

2026-27 VERIFICATION WORKSHEET

A: Student Information

Last Name	First Name	M.I.
Date of Birth	Last 4 SSN	Student ID #
		@salemstate.edu
E-mail address		

To complete this process, we will need one of following:

1. an official IRS Tax Transcript
- OR
2. a signed copy of your 2024 federal tax return

You can request an IRS Tax Return Transcript or non-filer statement online at www.irs.gov/Individuals/Get-Transcript or by calling the transcript order line at 800-908-9946.

B: Family Information

You are a Dependent Student if your FAFSA requires you to provide your parent(s) information. On the table below enter:

- You and your parent(s) (including stepparent) even if you don't live with your parents, and
- Your parent(s) dependent children, if your parent(s) will provide more than half of their support from July 1, 2026, through June 30, 2027. **Note:** This includes dependents who live apart due to college enrollment.

You are an Independent Student if your FAFSA did not require you to provide your parent(s) information. On the table below enter:

- Yourself (and your spouse if married)
- Your dependent children, if you will provide more than half of their support from July 1, 2026, through June 30, 2027

Include other household members only if: they now live with you (or your parent(s), if dependent) **and** if you or your parent(s) will be providing more than half of their income and can be claimed as a dependent on your (or your parent(s), if dependent) Federal tax return.

Full name of student and family member(s), according to the guidance above.	Age	Relationship to you	If a household member is attending college at least half time, please write the school's name. Do not include this information for parents.
Your name:		SELF	Salem State University

ANY DELAY IN RESPONDING OR RETURNING THIS FORM MAY RESULT IN A LOSS OF FINANCIAL AID! Protect your privacy

and send this safely from your salemstate.edu email account to: navcenter@salemstate.edu

or fax this form to: 978.542.6876

Questions? Call us at 978.542.8000

Last Name

First Name

Student ID#

C: Federal Tax Return Information**Student** (and if married, your spouse):

Please mark your 2024 tax filer status:

- ☐ I did not work and I did not file taxes in 2024.
- ☐ I worked in 2024 but I was not required to file taxes, so I am submitting ALL my W2(s) with this form.
- ☐ I worked and filed taxes in 2024 and I am submitting this 2024 tax documentation to you. Choose one:
- ☐ Tax transcript ☐ Signed tax return

Tax filers only: please check off your matching filing status:

- ☐ Single ☐ Head of Household
- ☐ Married filing: ☐ Jointly ☐ Separately

Parent(s) of a dependent student:

Please mark your 2024 tax filer status:

- ☐ I did not work and I did not file taxes in 2024.
- ☐ I worked in 2024 but I was not required to file taxes, so I am submitting ALL my W2(s) with this form.
- ☐ I worked and filed taxes in 2024 and I am submitting this 2024 tax documentation to you. Choose one:
- ☐ Tax transcript ☐ Signed tax return

Tax filers only: please check off your matching filing status:

- ☐ Single ☐ Head of Household
- ☐ Married filing: ☐ Jointly ☐ Separately

D: Additional Questions

Student/Spouse	Do not leave any spaces blank, if the answer is ZERO, write the number: "0" PLEASE USE ANNUAL AMOUNTS FOR 2024	Parent(s)
\$	Enter total amount of child support received for the last complete calendar year. Do not include foster or adoption payments.	\$
\$	If you worked, earned wages and received a W-2, and you were not required to file a tax return, enter the amount of the wages you earned. Attach a copy of ALL W-2 forms showing those wages.	\$
\$	IRA rollover into another IRA or qualified plan, provide a 1099-R with this form	\$
\$	Pension rollover into an IRA or other qualified plan, provide a 1099-R with this form	\$
\$	Amount of college grants, scholarships, or AmeriCorps benefits reported as income to the IRS	\$
\$	Amount of Foreign earned income exclusion, refer to 1040 schedule 1: line 8d	\$
\$	Amount of Cash, Savings, and Checking Accounts	\$
\$		\$
\$	Amount of Current Net Worth of Businesses and Investment Farms	\$
Check One: YES__ NO__	Income from a rental or vacation property? If yes, you must submit a Property Verification Worksheet for each property with this form. Form is available on Ask The Viking.	Check One: YES__ NO__

E: Wet Signature or Electronic Stylus Signature Required—If student is Dependent, one parent must sign this form.

By signing this worksheet, I/we certify that all the above information reported is complete and correct to the best of my knowledge. If I leave any answers blank, this form will be returned to me for completion. I also understand that a delay in returning this form can result in loss of financial aid.

Student signature - **wet signature or electronic stylus**

Date

Parent Signature (required, for a dependent student)

Date

Protect your privacy and send this safely from your salemstate.edu email account to:

navcenter@salemstate.edu

or fax this form to: 978.542.6876. Be sure to include your supporting documents.

Questions? Call us at 978.542.8000