



ASSUMPTION COLLEGE

WORCESTER, MASSACHUSETTS | ROME, ITALY

Office of Financial Aid

500 Salisbury Street

Worcester, MA 01609

Office: 508-767-7158

Fax: 508-767-7376

Email: fa@assumption.edu

INDEPENDENT VERIFICATION WORKSHEET 2019-2020

Please request a copy of your 2017 IRS Tax Return Transcript at irs.gov or use the IRS Data Retrieval Tool on the FAFSA to submit your tax documentation. Copies of 1040 federal tax forms are no longer accepted for verification. For Puerto Rico residents or foreign income, a signed income tax return is acceptable documentation.

This worksheet must be completed and returned to our office with all 3 sections completed before your financial aid can be finalized or disbursed. This form will be returned to you if not completed thoroughly.

Section A: Student Information

Last Name	First Name	M.I	Student ID or Social Security Number
Address			Date of Birth
City	State	Zip	Phone Number

Section B: Family Information

Read these instructions carefully and complete the table with the following (You may attach a separate sheet if necessary):

1. Yourself and your spouse.
2. Your children or other dependents, if you will provide more than half of their support from July 1, 2019 – June 30, 2020.
3. Other people in the household only if they now live with you, and you will provide more than half of their support from July 1, 2019 through June 30, 2020.
4. Include the college of any household member who will be enrolled in a degree, diploma, or certificate program at least half-time during July 1, 2019 – June 30, 2020.

Full Name	Age	Relationship	College
		Self	Assumption College

Section C: Tax Verification Information

Student Section: Check one below

- ☐ I utilized the 2017 FAFSA IRS Data Retrieval tool
☐ I am attaching my **2017 IRS Tax Return Transcript**
☐ I was **not employed in 2017** and had no income earned from work
☐ I will not and **am not required to file** a 2017 Federal Income Tax Return and am **attaching copies of all my 2017 W-2 forms**. List sources of income below:

_____ \$ _____
 _____ \$ _____

Spouse Section: Check one below

- ☐ I utilized the 2017 FAFSA IRS Data Retrieval tool
☐ I am attaching my **2017 IRS Tax Return Transcript**
☐ I was **not employed in 2017** and had no income earned from work
☐ I will not and **am not required to file** a 2017 Federal Income Tax Return and am **attaching copies of all my 2017 W-2 forms**. List sources of income below:

_____ \$ _____
 _____ \$ _____

By signing* this worksheet, I (we) certify that all of the information to qualify for federal financial aid is complete and correct. I understand that if I give false or misleading information on this worksheet that I may be fined, sentenced to jail or both. An incomplete form will be

returned to me, and will result in delays of processing my financial aid.

Student Signature	Date	Spouse Signature	Date
-------------------	------	------------------	------

*We are not able to accept electronic signatures.