

2026-2027 Verification Worksheet Independent Tax & Income

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STUDENT INFORMATION		Your application was review in a process	
Name	SXU ID	In this process, St Xavier University will compare information from your FAFSA with this worksheet and financial data	
Phone Number	Date of Birth	you must submit. The completion of Verific awarding and/or dislift there are difference FAFSA application a	cation before bursing federal aid. ces between your and your verification
to your FAFSA may be required. Contact the Office You (and your Spouse) must complete and subsefore your financial aid will be processed. STUDENT & SPOUSE (IF APPLICA)	omit this Verification Worksheet, and any a	additional documen	e questions.
> Check the appropriate boxes below.			
☐ I filed a 2024 Federal Tax Return.			
☐ My Spouse a 2024 Federal Tax Return.			
Instructions: Complete this section if the student and eligibility, students, and spouses (as appropriate), will be the IRS to the FAFSA form, even if the attempt to obtain IRS income tax returns, both must provide consent and further documentation is needed to verify 2024 income directly from the IRS. If 2024 income tax return information for the student eligibility in the IRS.	pe required to consent and approve sharing and im n or use such data is ineffective. In other words, if approval to share and import income and tax information that was transferred into the student's	porting income and tax the student and spouse rmation from the IRS. In FAFSA using income a	information from filed separate 2024 most cases, no and tax information
provide the institution with a 2024 IRS Tax Return 1			
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☐ I am not required to file (and will not file ☐ My Spouse is not required to file (and w			
Please check the boxes that apply:			
☐ The student or the spouse was not o	employed and had no income earned fro	m work in 2024.	
IRS W-2 form or an equivalent docu	ed in 2024 rs, the amount earned from each employ rment is provided. [Provide copies of all 2 ers]. List every employer even if the emp	2024 IRS W-2 form	s issued to the
Employee	Employer's Name	IRS W-2 equivalo provide	ent Earned in

CERTIFICATION & SIGNATURE			
Signing below certifies that all of the information reported on this asked, to provide additional information that will verify the accuracy	form is true and complete to the best of your knowledge and agree, if cy of this form. The student must sign and date.		
WARNING! If you purposely give false or misleading information	you may be fined, be sent to prison, or both.		
Student Name (Please Print)	SXU Student ID number		
Student Signature	Date		

 Student Name
 SXU ID #______