



# 2021-2022 VERIFICATION WORKSHEET [V1] CONT.

## B FAMILY INFORMATION

- Independent Students:** List the people in your household, including: [a] yourself, and your spouse if you have one; and [b] your children, if you will provide more than half of their support from July 1, 2021, through June 30, 2022; and [c] other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2021, through June 30, 2022.
- Dependent Students:** List the people in your parents' household, including: [a] yourself and your parent(s) [including stepparent] even if you don't live with your parents; and [b] your parents' other children, even if they don't live with your parent(s), if [1] your parents provide more than half of their support from July 1, 2021, through June 30, 2022, or [2] the children would be required to provide parental information when applying for federal student aid; and [c] other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2021, through June 30, 2022.

**Write the names of all household members.** Also write in the name of the college for any family member, excluding your parent(s), who will be attending college at least half-time between July 1, 2021 and June 30, 2022, and will be enrolled in a degree, diploma or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College
		Self	Mount Carmel College of Nursing

## C TAX FORMS AND INCOME INFORMATION

- All tax filers must submit a copy of their 2019 federal tax return transcript and a copy of all W-2s.**  
Please check here if you and/or your parent(s) successfully used the IRS Data Retrieval Process.   
 You       Your spouse       Parent #1 [father/mother/step]       Parent #2 [father/mother/step]
- Check the box for those people who did not and are not required to file a 2019 federal income tax return. List below your employer(s) and any income received in 2019 [use W-2 forms or other earning statements]. **A W-2 must be submitted for each source of income.**  
 You       Your spouse       Parent #1 [father/mother/step]       Parent #2 [father/mother/step]

Name of Employer	Student Amount	Spouse or Parent(s) Amount

# 2021-2022 VERIFICATION WORKSHEET [V1] CONT.

## C TAX FORMS AND INCOME INFORMATION [CONT.]

Both tax filers and non-tax filers must list any untaxed income received in 2019. Be sure to enter zeroes if no funds were received. [In the Free Application for Federal Student Aid [FAFSA]: Students, see question 44, and/or parents, see question 92.] Failure to complete this section will delay the processing of your financial aid.

Student [spouse]	Calendar Year 2019	Parent(s) [step-parent]
	<b>FAFSA Questions 44 and/or 92</b>	
\$	Payments to tax-deferred pensions and savings plans [paid directly or withheld from earnings] including, but not limited to, amounts reported on W-2 Form Box 12a - 12d, codes D, E, F, G, H, and S.	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040 Schedule 1—line 15 + line 19.	\$
\$	Tax exempt interest income from IRS Form 1040 —line 2a	\$
\$	Untaxed portions of IRA distributions from IRS Form 1040 —lines [4a minus 4b]. Exclude rollovers. If negative, enter a zero here.	\$
\$	Untaxed portions of pensions from IRS Form 1040 —lines [4c minus 4d]. Exclude rollovers. If negative, enter a zero here.	\$
\$	Housing, food and other living allowances paid to members of the military, clergy and others [including cash payments and cash value of benefits].	\$

## D SIGN THIS WORKSHEET

By signing this worksheet, I [we] certify that all the information reported on this worksheet is complete and correct. If dependent, at least one parent must sign. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature [dependent students only]

\_\_\_\_\_  
Date

Return to: Office of Student Financial Aid

Mail: 127 South Davis Ave, Columbus, OH 43222-1504

Fax: 614-234-1123

Email: [financialaid@mccn.edu](mailto:financialaid@mccn.edu)

