

Federal Student Aid Programs

2024-2025 VERIFICATION WORKSHEET [V1]

Your application was selected for review by the U.S. Department of Education in a process called "verification." This process requires Mount Carmel College of Nursing by federal law [34 CFR, Part 668] to compare the information from your application with the information provided on this form. Also, please submit copies of your 2022 federal tax return transcripts [and your spouse's if you are married, or your parents' if you are considered dependent for federal aid purposes]. If there are differences between your application and the documents you've submitted, a staff member in the Office of Student Financial Aid will make corrections. **We cannot process your financial aid application until verification has been completed. Please provide the required documents as soon as possible.**

WHAT YOU SHOULD DO

- 1 Collect your [and your spouse's or parents'] financial documents. **Students and/or parents must contact the IRS to obtain official tax return transcripts by phone at 800-908-9946 or online at <http://www.irs.gov/Individuals/Get-Transcript>. If you (and your spouse and/or parent(s)) selected the IRS Data Retrieval process on the FAFSA then your tax return transcripts are not required. However we still need a copy of your and your spouse's/parent(s) W-2(s) along with this worksheet. If you and/or your parents are eligible to use the IRS Data Retrieval Process, but did not, you are encouraged to return to your online FAFSA and use the IRS tool to update your or your parent(s) tax information. Taxes must be filled out at least two weeks prior to using the IRS Data Retrieval Process.**
- 2 Complete all sections and sign the worksheet.
- 3 Return the completed worksheet, tax forms and any other documents to the Office of Student Financial Aid, Mount Carmel College of Nursing:
Mail: 127 South Davis Ave, Columbus, OH 43222-1504
Fax: 614-234-1123
Email: financialaid@mccn.edu
- 4 MCCN will review the information on these documents and make corrections if necessary. If you have questions about completing this worksheet, please contact us at 614-234-1842.

A STUDENT INFORMATION [PLEASE PRINT]

Last Name

First Name

M.I.

MCCN ID/Last 4 of SSN

Address [include apt. #]

City

State

Zip Code

Date of Birth

Student Email Address

Daytime Phone [include area code]

Parent Email Address



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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, 2024, through June 30, 2025; 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, 2024, through June 30, 2025.
- 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, 2024, through June 30, 2025, 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, 2024, through June 30, 2025.

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, 2024 and June 30, 2025, 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 2022 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 2022 federal income tax return. List below your employer(s) and any income received in 2022 [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

2024-2025 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 2022. 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 2022	Parent(s) [step-parent]
	FAFSA Questions 44 and/or 92	
\$	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 [5a minus 5b]]. 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

