

# 2022–2023 Dependent Verification Worksheet



Student's First Name: \_\_\_\_\_ Student's Last Name: \_\_\_\_\_

Colleague ID: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION A – FAMILY INFORMATION

List the people in your household. Then, indicate those people in your household (excluding parents) who will be attending college **at least half time** between July 1, 2022, and June 30, 2023, and will be enrolled in a degree, diploma, or certificate program.

If you are a **dependent** student, include:

- **Yourself**
- **Yourself and your custodial parent(s)** (including a stepparent) even if you don't live with your parents.
- **Your parents' other children**, even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2022, through June 30, 2023, **OR** (b) the children would be required to provide parental information when applying for Federal Student Aid.
- **Other people** if they now live with your parent(s) **AND** your parents will provide more than half of their support and will continue to provide more than half of their support from July 1, 2022, through June 30, 2023.

FULL NAME	AGE	RELATIONSHIP	ATTENDING COLLEGE IN 22/23?		NAME OF COLLEGE ATTENDING
		Self	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	DigiPen Institute of Technology
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

*Note: We may require additional documentation if we have reason to believe that the information regarding household members enrolled in eligible postsecondary educational institutions is inaccurate.*

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Student's Name: \_\_\_\_\_ Colleague ID: \_\_\_\_\_

## SECTION B – 2020 STUDENT TAX FILING STATUS:

Check the appropriate box:

☐

Student **FILED** taxes for 2020  
**Complete Section C – Student Tax Filer**

☐

Student **DID NOT FILE** and was not required to file a  
2020 Federal Tax Return  
**Complete Section D – Student NON-Tax Filer**

## SECTION C – STUDENT FILED 2020 TAXES:

Only complete Section C if the student **filed** taxes for 2020, if the student did not file, please proceed to Section D.

☐

**Student has used the IRS DRT** on the FAFSA to transfer 2020 income tax return information into the student's FAFSA.

☐

**Student has not yet used the IRS DRT** on the FAFSA but will use the tool to transfer the 2020 IRS income tax return information into the student's FAFSA.

☐

**Student is unable or chooses not to use the IRS DRT** on the FAFSA and will instead provide the school with a 2020 IRS Tax Return Transcript.

☐

Check if a 2020 Tax Return Transcript is provided.

☐

Check if a 2020 Tax Return Transcript will be provided later.

## SECTION D – STUDENT DID NOT FILE AND WAS NOT REQUIRED TO FILE A 2020 FEDERAL TAX RETURN

Only complete Section D if the student **did not file** taxes for 2020, if the student filed taxes, please complete Section C.

☐

**Student DID NOT earn income in 2020.**

☐

**Student earned income in 2020** - Complete table below and provide a copy(s) of W-2s from all employers listed.

EMPLOYER'S NAME	W-2 OR EQUIVALENT PROVIDED?		ANNUAL AMOUNT EARNED IN 2020
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

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Student's Name: \_\_\_\_\_ Colleague ID: \_\_\_\_\_

## SECTION E – 2020 PARENT(S) TAX FILING STATUS:

Check the appropriate box:

☐

Parent(s) **FILED** taxes for 2020  
**Complete Section F – Parent Tax Filer**

☐

Parent(s) **DID NOT FILE** and was not required to file a 2020 Federal Tax Return  
**Complete Section G – Parent NON-Tax Filer**

## SECTION F – PARENT FILED 2020 TAXES:

Only complete Section F if the parent(s) **filed** taxes for 2020, if the parent(s) did not file, please proceed to Section G.

☐

Parent(s) has used the IRS DRT on the FAFSA to transfer 2020 income tax return information into the student's FAFSA.

☐

Parent(s) has **not yet used the IRS DRT** on the FAFSA but will use the tool to transfer the 2020 IRS income tax return information into the student's FAFSA.

☐

Parent(s) is **unable or chooses not to use the IRS DRT** on the FAFSA and will instead provide the school with a 2020 IRS Tax Return Transcript.

☐

Check if a 2020 Tax Return Transcript is provided.

☐

Check if a 2020 Tax Return Transcript will be provided later.

## SECTION G – PARENT(S) DID NOT FILE AND WAS NOT REQUIRED TO FILE A 2020 FEDERAL TAX RETURN

Only complete Section G if the parent(s) **did not file** taxes for 2020, if the parent(s) filed taxes, please complete Section F.

☐

Parent(s) **DID NOT** earn income in 2020.

☐

Parent(s) **earned income in 2020** - Complete table below and provide a copy(s) of W-2s from all employers listed.

EMPLOYER'S NAME	W-2 OR EQUIVALENT PROVIDED?		ANNUAL AMOUNT EARNED IN 2020
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

☐

Parent Verification of Non-Filing Letter is required:

☐

Check if a 2020 Verification of Non-Filing Letter is provided.

☐

Check if a 2020 Verification of Non-Filing Letter will be provided later.

## BY SIGNING THIS WORKSHEET, I CERTIFY THAT:

- All the information reported is complete and accurate at this time.

**TYPED SIGNATURES ARE NOT ACCEPTABLE, please physically sign form.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_