

University of the Virgin Islands - Office of Financial Aid 2022-2023 AGGREGATE Verification Worksheet

V5 Dependent

What you should do

Your 2022-2023 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Federal law states that before any Federal Student aid can be awarded, you and your parent(s) must provide copies of 2020 Tax Return transcript(s) or a signed copy of the 2020 tax return, applicable schedules and W-2 form(s) or Verification of Non-Filing Letter and other required documents to your school. The documents will be used to verify that the information reported on your FAFSA is correct. Any discrepancies will result in revision of your FAFSA. You must complete and sign the worksheet, attach all required documents, and submit to the University of the Virgin Islands Financial Aid Office. If you have questions about verification, contact us at financialaidstx@uvi.edu or 340-692-4193, St. Croix or at financialaidstt@uvi.edu 340-693-1090. St. Thomas.

- Talk to your financial aid administrator if you have any questions about completing this worksheet.
- 2. Complete and sign the worksheet you and at least one parent.
- Submit the completed worksheet, 2020 Tax Return transcript(s) or a signed copy of the 2020 tax return, applicable schedules, W-2 form(s) and any other required documents your school requests to your financial aid administrator.
- Your financial aid administrator will compare information on this worksheet and any supporting documents with the information you submitted on your FAFSA. You or your school may need to make corrections electronically or by using your Student Aid Report (SAR).

| 44 | Tax filers must submit the <u>2020 Tax Return transcript(s) or a signed copy of the 2020 tax return, applicable schedules</u> |
|----|---|
| | and W-2 form(s) |
| | PARENTAL Non-tax filers must submit a Verification of Non-Filing Letter from the IRS |
| | |

| A. Student's Informatio | n | | | |
|------------------------------|------------|----------|--------------------------------|-----------|
| Last Name | First Name | M.I. | Last 4 Digits of SSN | ID Number |
| Mailing Address | | | Date of Birth | |
| City | State | Zip Code | Email Address | |
| Home Phone Number (include a | rea code) | | Alternate or Cell Phone Number | |

B. Dependent Student's Family Information

List below the people in your <u>parents' household</u>. Include:

- Yourself and your parents (including a step-parent) even if you don't live with your parents.
- Your parents' other children if your parents will provide more than half of their support from July 1, 2022 through June 30, 2023, or if the other children would be required to provide parental information if they were completing a FAFSA for 2022-2023. Include children who meet either of these standards, even if they do not live with your parents.
- 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, 2022 through June 30, 2023.

Include the name of the college for any household member, excluding your parents, who will be enrolled, <u>at least half time (six credit hours)</u>, which is in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2022 and June 30, 2023. *If more space is needed, attach a separate page with the student's name and UVI student ID number at the top.*

| Full Name | Age | Relationship | College/University | Will be Enrolled at least half time (6 or more credits) |
|-----------------------|-----|--------------|----------------------------------|---|
| Missy Jones (example) | 18 | Sister | Central University | Yes |
| | | Self | University of the Virgin Islands | |
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| nt's | Name | ID# | 22-23 AG | GREGATE Verificatio | n Worksheet V5-Depe |
|----------------------|--|--|--|--|--|
| De | pendent Student 2020 IRS Tax Retur | rn Transcript(s) or a sig | ned copy of the 2020 | income tax retur | rn and applicable s |
| | 2020 IRS Tax Return Transcript(s) | or a signed copy of th | e 2020 income tax r | eturn and applic | cable schedules |
| То | request an official 2020 Tax Return Transc | cript | | | |
| 1. | For U. S. Virgin Islanders Tax Filers: For Revenue (BIR) offices. You may also conta John – (340) 777-1446. | | | | |
| 2. | For U.S Tax Filers: Complete Form 45061 | Γ online at <u>www.irs.gov</u> or | call 1-800-908-9946. | | |
| | Not employed in 2020. | | | | |
| | Check here if you will be attaching your W | -2 Form(s) and 2020 IRS | Income Tax Return or | Tax Return Trans | cript. |
| 3. | If you did not file and are <u>not required</u> to fi <i>IRS W-2 Form</i> . | le a 2020 Federal income | tax return, list below yo | our employer (s) , ev | en if you were not is |
| | Employer's Name or Source of Income (Income (Income) your behalf to include housing, food, lie | | IRS W-2 Attached Yes/No | | 0 Income |
| \vdash | | | | \$ | |
| \vdash | | | | \$ | |
| L | | | | \$ | |
| 4. | Funds received for child support and other | untaxed income (See ques | stion 44 on the FAFSA.) | | |
| | Sources of Untaxed Income | 2020 Amount | Sources of Unta | | 2020 Amount |
| | . Child support received | \$ | e. Workman's Compens | | \$ |
| h | . Tax exempt (IRS form 1040 – Line 2a) | \$ | f. Veterans non-education | | \$ |
| | | | g. Payments to pension (W-2 boxes 12a | | |
| С | . Untaxed IRA distributions (IRS form 1040-line | \$ | | | \$ |
| C 4 | a minus 4b) | | g. Payments to pension (through 12d, codes D, E, F, | | \$ |
| c 4: d 1: | · · | \$ | through 12d, codes D, E, F, | G, H & S) | |
| d 11 | a minus 4b) . Untaxed IRA pensions & annuities (IRS form 040-line 5a minus 5b) | ript(s) or a signed copy or a signed copy of the cript or Verification of No rm 4506T must be completed also contact the VI BIR of continue at www.irs.gov or ning the W-2 Form(s) and sing a Verification of Non- | of the 2020 income to e 2020 income tax ron-Filing Letter eted and signed by the transfer for assistance: St. call 1-800-908-9946. | ax return and apeturn and application application ax payer or non-file Croix – (340) 773- | plicable schedules cable schedules er and submitted to the 1040; St. Thomas – (3 |
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| Sources of Untaxed Income | 2020 Amount | Sources of Untaxed Income | 2020 Amount |
|---|-------------|---|-------------|
| Child support received | \$ | e. Workman's Compensation | \$ |
| b. Tax exempt (IRS form 1040 – Line 2a) | \$ | f. Veterans non-education benefits | \$ |
| c. Untaxed IRA distributions (IRS form 1040-line 4a minus 4b) | \$ | g. Payments to pension (W-2 boxes 12a through 12d, codes D, E, F, G, H & S) | \$ |
| d. Untaxed IRA pensions & annuities (IRS form | \$ | | |

| Student's Name | ID# | 22-23 AGGREGATE Ver | fication Worksheet V5-Dependent pg. 3 |
|--|---|---------------------------------------|--|
| E. Identity and Statement of Ed | ucational Purpose (See Enclosed | Supplement Form) Student's I | nformation |
| ☐ If you are unable to submit this fo | n in person, you <u>must</u> complete Sectior orm in person, you <u>must</u> complete Sect ocument to your school's Financial Aid C | ion H - Part 2 in the presence of a N | • |
| F. Certification & Signatures | | | |
| Each person signing this worksheet certicomplete and correct. The student and correct. | fies that all of the information reported is one parent must sign this worksheet. | | e false or misleading information on fined, be sentenced to jail, or both. |
| | | | |
| Student's Signature | Date | Parent's Signature | Date |



Section H - Part 1: Identity and Statement of Educational Purpose

| | | | | 1 | |
|--|--|--|---|-----------------------------------|--------------------------|
| _ast Name | First Name | M.I. | Social Security Num | ber | ID Number |
| | | | | | |
| you are able to subm nancial Aid Officer at | nit this form in person, you <u>m</u> your school. | <u>ust</u> complete Secti | on H - Part 1 in | the presenc | e of your |
| ne student must appea | r in person at | University of the V | | to ve | erify |
| | (Na | me of Postsecondary Edu | cational Institution) | | |
| o, a <u>driver's license</u> , <u>ot</u> l | senting a valid, not expired, gov her state-issued ID, or passpor he date it was received and the | <u>t</u> . The institution wi | ll maintain a cop | y of the stud | ent's photo ID |
| addition, the student i | must sign, in the presence of th | e institutional officia | , the following: | | |
| | | | | | |
| Loostify that I | Statement of E | | - | a this | |
| I certify that I | Statement of E | | Purpose individual signin | g this | |
| | | am the | individual signin | - | oe used for |
| tatement of Educationa | (Print Student's Name) | am the | individual signin | eive will only b | oe used for 022-2023. |
| catement of Educationa | (Print Student's Name) | am the | individual signin stance I may rece he Virgin Islands | eive will only b | |
| tatement of Educationa ducational purposes an | (Print Student's Name) | am the at a an the student financial assi | individual signin stance I may rece he Virgin Islands dary Educational Ins | eive will only b | |
| tatement of Educationa ducational purposes an | (Print Student's Name) Il Purpose and that the federal s d to pay the cost of attending ent's Signature) | am the student financial assistudent financial assisted the secondary of t | individual signin stance I may rece he Virgin Islands dary Educational Ins | eive will only b | |
| tatement of Educationa ducational purposes an | (Print Student's Name) Il Purpose and that the federal s d to pay the cost of attending ent's Signature) | am the student financial assisted and the student financial assisted as a student of the student | individual signin stance I may rece he Virgin Islands dary Educational Ins | tive will only be for 2 titution) | |



Section H - Part 2: Identity and Statement of Educational Purpose

| _ast Name | First Name | M.I. | Social Security Number | ID Number |
|---|---|---|---|--------------------------|
| | omit this form in person, you tarized documents to your so | | | e presence of a Not |
| the student is unable to | o appear in person at | University | of the Virgin Islands | to |
| (a) A copy of a valid notary statemen and | the student must provide: , not expired, government-issu t below, such as, but not limite rized Statement of Educational | ied photo identif d to, a <u>driver's lic</u> | ense, other state-issued | owledged in the |
| | Statement of E | Educationa | al Purpose | |
| I certify that I | (Print Student's Name) | | _ am the individual signi | ng this |
| | I Purpose and that the federal s | | | |
| ducational purposes and | d to pay the cost of attending | | of the Virgin Islands condary Educational Instituti | |
| | | | | |
| | 'Student's Signature) | (Student's | ID Number) | (Date) |
| <u>N</u> | otary's Certificate | of Ackno | <u>wledgement</u> | , , |
| <u>N</u> | | of Ackno | <u>wledgement</u> | |
| No. | otary's Certificate | of Acknor | <u>wledgement</u> | |
| No. State of | otary's Certificate | ounty of(Notary's name) | wledgement | ed, |
| State of On(Date) (Printed name of signer) | otary's Certificate, City/C, before me, | ounty of(Notary's name) | wledgement , personally appeare n basis of satisfactory ev | ed, idence of |
| State of On(Date) (Printed name of signer) | otary's Certificate, City/C, before me,, and particular of government-issued photo ID | ounty of(Notary's name) | wledgement , personally appeare n basis of satisfactory ev | ed, idence of |
| State of On | otary's Certificate, City/C, before me,, and particular contents of the property of government-issued photo ID poing statement. | ounty of(Notary's name) | wledgement , personally appeare n basis of satisfactory ev | ed, idence of rson |