



2026-2027 Verification Worksheet (Dependent Student)

Name _____

MHC ID _____

STUDENT TAX TRANSCRIPT & INCOME INFORMATION CALENDAR YEAR 2024

Have you or will you file a 2024 U.S. federal income tax return?

☐ YES...If you were unable to use the IRS FUTURE Act Direct Data Exchange (FA-DDX) when you filed your FAFSA, please attach a **signed** copy of your 2024 Federal Tax Return or Federal Tax Return Transcript from the IRS.(To obtain a transcript: <https://www.irs.gov/individuals/get-transcript> **Note: An Account Transcript is not sufficient.**)

Continue to next step.

☐ NO...Complete the table below and attach copies of ALL 2024 W-2 forms and continue to next step.

Source of Income (Complete only if you did NOT file taxes)	Amount Received in 2024	Attach IRS W-2 Form(s) (if applicable)

PARENT TAX TRANSCRIPT & INCOME INFORMATION CALENDAR YEAR 2024

Have your parent(s) filed or will they file a 2024 U.S. federal income tax return?

☐ YES...If you were unable to use the IRS FUTURE Act Direct Data Exchange (FA-DDX) when you filed your FAFSA, please attach a signed copy of your 2024 Federal Tax Return or Federal Tax Return Transcript from the IRS.(To obtain a transcript: <https://www.irs.gov/individuals/get-transcript> **Note: An Account Transcript is not sufficient.**)

Continue to next step.

☐ NO...Complete the table below and attach copies of ALL 2024 W-2 forms and continue to certification and authorization.

Source of Income (Complete only if you did NOT file taxes)	Amount Received in 2024	Attach IRS W-2 Form(s) (if applicable)



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STUDENT INFORMATION

Student Name _____ MHC ID Number: _____

FAMILY SIZE

Provide information for all family members in the **custodial** household in the chart below. **Include yourself, your parent(s) including step-parent**, your parent(s) other dependent children if your parent(s) provide more than half of their support, and other people only if they now live with your parent(s) and your parent(s) will provide more than half of their support from July 1, 2026 through June 30, 2027

Full Name	Age	Family members being supported from July 1, 2026 through June 30, 2027				
		Relationship	Name of College	Year in College	Undergraduate/ Graduate	Half-time/ Full-time

CERTIFICATION AND AUTHORIZATION

I declare that the information on this form is true, correct, and complete. Mount Holyoke College has my/our permission to verify the information reported by obtaining documentation as needed (the student and at least one parent must sign).

Student Signature _____

Date _____

Parent Signature _____

Date _____

Please upload the completed form to your IDOC
account or email the form to: sfs@mtholyoke.edu