Mount Holyoke College

www.mtholyoke.edu/sfs



2022-2023 Verification Worksheet (Dependent Student)

Name	MHC ID						
STUDENT TAX TRANSCRIPT & INCOME INFORMATION CALENDAR YEAR 2020							
Have you or will you file a 2020 U.S. federal income tax return?							
YESIf you did not use the IRS Data Retrieval Tool when y FAFSA Corrections," navigate to the Financial Information sectio Data Retrieval Tool please attach a signed copy of your 2020 Fede (To obtain a transcript: https://www.irs.gov/individuals/get-transcripts.	n and follow the instructions. If you ar eral Tax Return or Federal Tax Return	re unable to use the IRS Transcript from the IRS.					
Continue to next step.							
NOComplete the table below and attach copies of ALL 2020 W-2 forms and continue to next step.							
Source of Income (Complete only if you did NOT file taxes)	Amount Earned in 2020	Attach IRS W-2 Form(s)					
PARENT TAX TRANSCRIP	Γ & INCOME INFORMATION						
CALENDAR YEAR 2020							
Have your parent(s) filed or will they file a 2020 U.S. federal i	ncome tax return?						
YESIf your parent(s) did not use the IRS Data Retrieval Tool when you filed your FAFSA, return to your FAFSA, select "Make FAFSA Corrections," navigate to the Financial Information section and follow the instructions. If your parent(s) are unable to use the IRS Data Retrieval Tool please attach a signed copy of their 2020 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.							
NOComplete the table below and attach copies of ALL 2020 W-2 forms and continue to certification and authorization.							
Source of Income (Complete only if you did NOT file taxes)	Amount Earned in 2020	Attach IRS W-2 Form(s)					

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



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		STUDENT IN	NFORMATION			
udent Name MHC ID Number:						
Provide information for all family mem- your parent(s) other dependent children parent(s) and your parent(s) will provide	if your pare	custodial household in ent(s) provide more th	nan half of their support, an	d other peop	le only if they now	
		Family 1	through June 30, 202	3		
Full Name	Age	Relationship	Name of College	Year in College	Undergraduate/ Graduate	Half-time/ Full-time
	<u>'</u>					
CERTIFICATION AND AUTHO I declare that the information on this form is taining documentation as needed (the studen	true, correct,	and complete. Mount H	olyoke College has my/our pe	rmission to ve	rify the information r	eported by ob-
Student Signature		Date				
Parent Signature		Date				