MOUNT HOLYOKE

2027-2028 Verification Worksheet

(Independent Student)

Name _____ **MHC ID** _____

STUDENT TAX TRANSCRIPT & INCOME INFORMATION
CALENDAR YEAR 2025

Have you filed or will you file a 2025 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 2025 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 2025 W-2 form(s), 1099 form(s), or statement from your employer and continue to next step.

Source of Income (Complete only if you did NOT file taxes)	Amount Received in 2025	Attach IRS W-2 Form(s) (if applicable)

I certify that I did not and was not required to file a 2025 U.S. federal tax return. In addition, I certify that all of the information reported in this section is complete and correct. Signature required on page 2.

SPOUSE TAX TRANSCRIPT & INCOME INFORMATION
CALENDAR YEAR 2025

Has your spouse filed or will they file a 2025 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 2025 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 2025 W-2 forms, an IRS Verification of Non-filing Letter and continue to certification and authorization.

Source of Income (Complete only if you did NOT file taxes)	Amount Received in 2025	Attach IRS W-2 Form(s) (if applicable)

I certify that I did not and was not required to file a 2025 U.S. federal tax return. In addition, I certify that all of the information reported in this section is complete and correct. Signature required on page 2.

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(Independent Student)

STUDENT INFORMATION

Student Name _____ **MHC ID Number:** _____

FAMILY SIZE

Provide information for all family members in the household in the chart below. **Include yourself, your spouse, your spouse's dependent children,** if you or your spouse will provide more than half of their support, and other people only if they now live with you, and you and your spouse will provide more than half of their support from July 1, 2027 through June 30, 2028.

			Family members being supported from July 1, 2027 through June 30, 2028			
Full Name	**Age**	**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 the student's spouse, if applicable, must sign).

Student Signature _____ Date _____

Spouse Signature _____ Date _____

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