



Office of Financial Aid
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2026-2027 Dependent Student Verification Worksheet

Student Name: _____

SMC ID# _____

Family Size Information:

Include the following people in the parents' household. Please list the name, age, and relationship to the student of each member of the parent's household:

- You (the student) even if you do not live with your parents.
- Your parent(s), including a step-parent.
- Your parents' other children if your parents will provide more than half of their support between July 1, 2026, and June 30, 2027, or if they would be required to provide parental information if completing a 2026-2027 FAFSA,
- 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 between July 1, 2026, and June 30, 2027.
- If your parents are divorced or separated and do not live together, include only the parent who provides the greater portion of your financial support even if you do not live with them, or if your parents provided exactly an equal amount of financial support during the past 12 months, or if they did not provide any financial support, include the parent with the greater income and assets.
If that parent is remarried, include his or her spouse.
- If your legal (biological, adoptive or as determined by your state) parents are not married but live together, including both parents and answer all questions about both parents.

Full Name	Age	Relationship	College
		<i>Self</i>	

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Student Tax Filing Status & Income from Work: Check one box below that applies to you and provide any requested information.

- ☐ I have filed or will file a **2024** U.S. or foreign income tax return (IRS Form 1040, 1040PR or similar foreign tax return). Please do one of the following:
- Update your 2026-2027 FAFSA and provide your consent and approval to retrieve and disclose **2024** IRS tax return information **OR**;
 - Provide a copy of your **SIGNED 2024** IRS Tax Return or Tax Return Transcript and all **2024** W-2 Statements

- ☐ I have not, will not and am not required to file a **2024** US or foreign income tax return, but I did earn income from work in 2024. In the table below, list the sources and amounts of all income earned from work in calendar year **2024** (include SMC income) and provide **2024** W-2 Statements.

Name of Employer (Only list earnings if you worked but did NOT file a 2024 tax return)	Amount Earned in 2024
	\$
	\$
	\$
Total 2024 Earnings	\$

- ☐ I did not earn any income from work in **2024**. I have not, will not and am not required to file a **2024** income tax return. Do not enter any information above, please leave the table blank. No documents are required in this scenario.

Parent Tax Filing Status & Income from Work: Check one box below indicating parents' 2024 status and provide all requested information.

- ☐ I/we have filed or will file a **2024** U.S. or foreign income tax return (IRS Form 1040, 1040PR or foreign tax return). Please do one of the following:
- Update your 2026-2027 FAFSA and provide your consent and approval to retrieve and disclose **2024** IRS tax return information **OR**;
 - Provide a copy of your **SIGNED 2024** IRS Tax Return or Tax Return Transcript and all **2024** W-2 Statements

- ☐ I/we have not, will not and am not required to file a **2024** US or foreign income tax return, but did earn income from work in 2024. Please do both of the following:
- Provide an IRS Verification of Non-Filing Status dated on or after **October 1, 2025**, AND
 - In the table below, list the sources and amounts of all income earned from work in calendar year **2024** and provide **2024** W-2 Statements.

Name of Parent With Earnings	Name of Employer	Amount Earned in 2024
Total 2024 Earnings		\$

- ☐ I/we did not earn any income from work in **2024**. I/we have not, will not and am not required to file a **2024** US or foreign tax return. Provide an IRS Verification of Non-Filing Status dated on or after **October 1, 2025**. Do not enter any information in the table above.

CERTIFICATION: I certify that all the information reported on this form is true, complete and correct. I understand that any false statements could be cause for denial, reduction, withdrawal or repayment of financial aid.

Please print, sign and date before submitting. We **CANNOT** accept digital signatures.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature

Date

Parent Signature

Parent Printed Name

Date