Independent Student Verification Form

Financial Aid Services Academic Year 2025-2026 Fax: 413-545-1700 Phone: 413-545-0801 Email: finaid@umass.edu

| Student Name: | | | UMass SPIRE | ID: | |
|-----------------------------------|---|------------------------|---|---------------------------|---------------|
| SECTION I: Studen | t (and Spouse if mar | ried) Informati | on | | |
| Did you (or your sp | ouse if married) j | file a 2023 Fede | ral Income Tax Retu | rn? | |
| | | | Income Tax return and ransfer 2023 income in | | |
| | | | Income Tax return but and transfer 2023 inc | | |
| Submit <u>ON</u> | E of the following do | cuments to Finan | cial Aid Services: | | |
| • A 2023 7 | Tax Return Transcrip | t obtained from th | e IRS. Or | | |
| • A Signed | copy of 2023 Federa | al income Tax Retu | rn (Form 1040) includi | ng all schedules file | d. |
| \square NO- I (and my sp | ouse if married) <u>did</u> | not and were not | t required to file a 202 | 3 Federal Income | Гах Return. |
| ✓ Check one a | and complete inform | nation below: | | | |
| ☐ I (and my sp | ouse if married) were mployer(s), amount | employed and ear | no income earned from rned income from work ach employer, and indic | x in 2023. I am listii | 0 |
| Student | | | Spouse, if married | | |
| Name of Employer: | Amount Earned | d | Name of Employer: | Amount Earne | ed: |
| | \$ | _ W-2? □Yes □No | | \$ | W-2? □Yes □No |
| | \$ | _ W-2? □Yes □No | | \$ | W-2? □Yes □No |
| Si | thmit conies of all 2023 V | N-2 forms | Sui | hmit conies of all 2023 V | W-2 forms |

NOTICE: Any financial aid awarded prior to verification is tentative. Financial Aid Services has the right, after reviewing your verification information, to change or cancel your award. Changes in funding, administrative/technical errors, changes in application information, enrollment status or reclassification in residency will affect your financial aid award and may result in a revised financial aid award.

How to obtain 2023 Tax Return Transcripts from the IRS:

Transcript are generally received within 10 business days from the IRS's receipt of the request.

- Get Transcript by Mail Go to www.irs.gov, click "Get Your Tax Record." Click "Get transcript by Mail." Request the "Return Transcript".
- **Get Transcript Online Go to www.irs.gov**, click "Get Your Tax Record." Click "Get Transcript Online." Follow instructions to set up an account. **And** Request the "**ReturnTranscript**".
- Paper Request Form Complete IRS Form 4506-T This form is also available for download at umass.edu/financialaid
- Automated Telephone Request Call 1-800-908-9946.



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| | |

SECTION II: Student Family Information

- Line 1: List yourself
- Line 2: List your spouse if married and living together
- Lines 3-6: List your children and other people only if you will <u>provide more than half of their support</u> between July 1, 2025 and June 30, 2026.

| Full Name of Household Member | Age | Relationship | Check Yes or No If you pay more than half of financial support for the people listed. |
|-------------------------------|-----|--------------|---|
| 1. | | Student | |
| 2. | | Spouse | N/A |
| 3. | | | □ Yes □ No |
| 4. | | | □ Yes □ No |
| 5. | | | □ Yes □ No |
| 6. | | | □ Yes □ No |
| 7. | | | □ Yes □ No |

If additional space is needed, attach a separate page.

Did you received other income and resources that supported the household during 2023 tax year? If so, please list below the source and amounts received. If no other sources of income, write "**NONE**".

| Source of Income (Example: Child Support) | Student Amount | Spouse Amount |
|---|-------------------|------------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

Certification and Signatures

I certify that all information submitted with, and written on this application, is complete, accurate, and corrections may be made based on data provided, and that if I purposely give false or misleading information on this worksheet, I may be fined, sentenced to prison, or both. I also certify that any federal or state financial aid funds I may receive will only be used to pay for educational expenses related to my attendance at the University of Massachusetts Amherst for the 2024-2025 academic year.

| Student Signature: | Date |
|--------------------|------|
| | |

Fax completed form to: 413-545-1700 or

Secure Document Upload at: umass.edu/financialaid/upload



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