

R
Student Rocket Number

Student Last Name

Student First Name



2019-20
INDEPENDENT STUDENT
ADDITIONAL FINANCIAL INFORMATION WORKSHEET

COMPLETE WITH BLACK INK ONLY. ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

The Office of Student Financial Aid is required to verify the information reported on the Free Application for Federal Student Aid (FAFSA). Processing of your federal aid application cannot continue due to conflicting information, therefore, you must complete and return this worksheet. If you were married on the date your FAFSA was filed, also include your spouse's information.

2017 Additional Financial Information	Student/Spouse
Provide the amount of all education credits (American Opportunity, Hope, or Lifetime Learning) taken by you (and your spouse, if married) on your 2017 federal income tax return(s). The amount to report can be found on your 2017 tax return(s): <ul style="list-style-type: none"> ▪ 1040A, line 33 ▪ 1040, line 50 	\$
Provide the amount of taxable earnings you received from need-based employment programs such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$
Provide the amount of all student grant and scholarship aid that you (and your spouse, if married) reported on your 2017 federal income tax return(s) . The amount to report can be found on your 2017 tax return(s): <ul style="list-style-type: none"> ▪ 1040EZ, line 1 ▪ 1040A, line 7 ▪ 1040, line 7 <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>If grants or scholarships were included as part of the earnings listed on your tax return, please attach a signed copy of your 2017 federal tax return and your 2017 W-2s.</p> </div> <p>If you (and your spouse, if married) did not report taxable student grants or scholarships on your 2017 tax return(s), enter a zero (0) on this line.</p> <p>DO NOT ENTER THE AMOUNT LISTED ON THE IRS FORM 1098T, TUITION STATEMENT.</p>	\$
Provide the amount of taxable combat pay or special combat pay that was included in your (and your spouse's, if married) 2017 adjusted gross income. <p>DO NOT ENTER UNTAXED COMBAT PAY REPORTED ON THE 2017 W-2 (BOX 12, CODE Q).</p>	\$
Provide the amount of taxable 2017 earnings you received from work under a cooperative education (co-op) program offered by a college. <u>Attach documentation</u> to support that these earnings were from a co-op.	\$

Certification Statement: By signing this worksheet, I certify that all of the information reported above, used to determine eligibility for federal student financial aid, is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student signature is required on this form.

TO RETURN THIS FORM:

Mail to: The University of Toledo
Office of Student Financial Aid
2801 West Bancroft Street, Mail Stop 314
Toledo, OH 43606-3390

Fax to: 419.530.5835

Upload to: myUT.utoledo.edu
"My Financial Aid"
"Secure Financial Aid Document Upload"

Student Signature _____ Date _____

Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.