

R
Student Rocket Number _____

Student Last Name _____

Student First Name _____



**2024-25
PARENT TAX FILING CERTIFICATION**

COMPLETE WITH
BLACK INK ONLY.

Your Free Application for Federal Student Aid (FAFSA) has been selected for a review process called verification. Through verification, the Office of Student Financial Aid compares the information you reported on your FAFSA with additional documents. Complete this form as soon as possible to avoid processing delays.

SECTION A: PARENT(S)/STEPPARENT TAX FILING STATUS

PARENT 1 NAME: _____

Check one of the following:

- I (the parent/stepparent) filed a 2022 Federal Tax Return.
- I (the parent/stepparent) did not, will not, and am not required to file a 2022 Federal Tax Return. You must answer the next two questions:

Did you earn any income from work in 2022? Yes* No

Did you receive any W-2s and/or 1099s for income earned from work in 2022? Yes* No

*If you answered "Yes" to either question, you are required to complete SECTION B.

PARENT 2 NAME: _____

Check one of the following:

- I (the parent/stepparent) filed a 2022 Federal Tax Return.
- I (the parent/stepparent) did not, will not, and am not required to file a 2022 Federal Tax Return. You must answer the next two questions:

Did you earn any income from work in 2022? Yes* No

Did you receive any W-2s and/or 1099s for income earned from work in 2022? Yes* No

*If you answered "Yes" to either question, you are required to complete SECTION B.

SECTION B: NON-TAX FILER 2022 INCOME INFORMATION
Only complete this section if you or your spouse did not file a 2022 Federal Tax Return.

Using W-2 forms or other earnings statements, list below all employers and income earned from each employer by the parent(s)/stepparent in 2022. If you received 2022 W-2s, attach copies. Attach an additional page, if needed.

Parent(s)/Stepparent Name	Employer/Source of Income Earned from Work in 2022	2022 Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

YOU MUST ALSO COMPLETE PAGE 2.

R
Student Rocket Number _____ Student Last Name _____ Student First Name _____

HANDWRITTEN SIGNATURE(S) AND DATE(S) ARE REQUIRED BELOW.

ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

Certification Statement: By signing this worksheet, I (we) certify that all 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.

Parent 1 Signature - use full legal name Date

Parent 2 Signature - use full legal name Date

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

TO RETURN THIS FORM:

Upload to: *myUT.utoledo.edu*
"My Financial Aid"
"Financial Aid Documentation Upload"

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

In person: Rocket Solution Central
1200 Rocket Hall

Fax to: 419.530.5835