R		
Student Rocket Number	Student Last Name	Student First Name



2026-27 STUDENT 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: STUDENT TAX FILING STATUS			
Chec	ck one of the following:			
	☐ I filed a 2024 Federal Tax Return (or filed an equivalent 2024 tax return with a non-U.S. tax authority).			
	I did not, will not, and am not required to file a 2024 Federal Tax Return (or did not, will not, and not required to file an equivalent 2024 tax return with a non-U.S. tax authority). You must also answer the next two questions:			
	Did you earn any income from work in 2024?	☐ Yes*	☐ No	
	Did you receive any W-2s and/or 1099s (or equivalent non-U.S. earning statements) for income earned from work in 2024?	☐ Yes*	□ No	
	*If you answered "Yes" to either question, you are required to complete SECTION C.			
	SECTION B: SPOUSE TAX FILING STATUS (if student is r	narried)		
Chec				
	k one of the following:			
	k one of the following: I filed a 2024 Federal Tax Return (or filed an equivalent 2024 tax return with a non-U.S. t	ax authority).		
	·	ot, and not require	d to file an equivaler	
	I filed a 2024 Federal Tax Return (or filed an equivalent 2024 tax return with a non-U.S. t I did not, will not, and am not required to file a 2024 Federal Tax Return (or did not, will n	ot, and not require	ed to file an equivaler	
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YOU MUST ALSO COMPLETE PAGE 2.

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SECTION C: NON-TAX FILER 2024 INCOME INFORMATION Only complete this section if you or your spouse did not file a 2024 Tax Return.

Using W-2 forms or other earnings statements, list below all employers and income earned from each employer by the student and/or spouse in 2024. If you and/or spouse received 2024 W-2s (or equivalent non-U.S. earning statements), attach copies. Attach an additional page with dated signature(s), if needed.

Student/Spouse Name	Employer/Source of Income Earned from Work in 2024	2024 Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

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 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.

		TO RETURN THIS FORM:	
udent Signature (using full legal name)	Date	Upload to:	myUT.utoledo.edu "My Financial Aid" "Financial Aid Documentation Upload"
Spouse Signature (using full legal name)	Date	Mail to:	The University of Toledo Office of Student Financial Aid 2801 West Bancroft Street, Mail Stop 314 Toledo, OH 43606-3390
Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.		In person:	Rocket Solution Central 1200 Rocket Hall
		Fav. to.	440 520 5025