

R
Student Rocket Number

Student Last Name

Student First Name



**2022-23
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.

2020 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 2020 federal tax return(s). The amount to report can be found on your 2020 Form 1040, Schedule 3, line 3.	\$
Provide the amount of taxable earnings you received in 2020 from need-based employment programs such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$
Provide the amount of taxable student grant and scholarship aid that you (and your spouse, if married) included in earnings reported on line 1 of your 2020 federal tax return(s). If included, this amount and the notation "SCH" will appear on the dotted line next to line 1. <i>If grants or scholarships were included as part of the earnings listed on your tax return, <u>please attach a signed copy of your 2020 federal tax return and your 2020 W-2s.</u></i> If you (and your spouse, if married) did not report taxable student grant or scholarship aid on your 2020 federal tax return(s), enter a zero (0) on this line. DO NOT ENTER THE AMOUNT LISTED ON THE IRS FORM 1098T, TUITION STATEMENT.	\$
Provide the amount of taxable combat pay or special combat pay that was included in your (and your spouse's, if married) 2020 adjusted gross income. DO NOT ENTER UNTAXED COMBAT PAY REPORTED ON THE 2020 W-2 (BOX 12, CODE Q).	\$
Provide the amount of taxable earnings you received in 2020 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:

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

Student Signature _____ 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

Fax to: 419.530.5835