



## 2026-27 Independent Verification Worksheet

Student Name: \_\_\_\_\_ Linfield ID #: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your 2026-27 FAFSA has been selected for further review. The Office Financial Aid has the right to review this information prior to awarding federal student aid (34 CFR, Part 668). If corrections are necessary, we will update your FAFSA information and send you a revised financial aid offer indicating any changes in student aid eligibility.

### INSTRUCTIONS

Complete Sections A, B, and C of this worksheet and sign page 2. Please use black or blue ink to complete and sign this worksheet.

Return the completed worksheet and all applicable 2024 IRS Tax Returns or Tax Transcripts to the Office of Financial Aid. Please contact our office if you have questions or need assistance.

### Section A | Family Size

List the names, ages, and relationships of all family members in the table below. The criteria for 'dependent children' or 'other people' align with the requirement to claim the individual as a dependent on their U.S. tax return. Do not include any unborn children in your family size.

List the people in your household including:

- yourself (the student) and your spouse (if married)
- your children or your spouse's children if:
  - Even if they do not live with you;
  - They will receive more than half of their financial support from your parent(s);
  - Your or your spouse will continue to provide more than half of their support from 7/1/26 to 6/30/27
- And other people:
  - Who live with you and your spouse;
  - They will receive more than half of their support from you or your spouse;
  - Your or your spouse will continue to provide more than half of their support from 7/1/26 to 6/30/27.

Attach a separate sheet if you require additional space to list all family members.

Full Legal Name	Age	Relationship to Student
		Self



Student Name: \_\_\_\_\_ Linfield ID #: \_\_\_\_\_

Section B   Student Income Information		
STUDENT: DID YOU FILE A FEDERAL TAX RETURN IN 2024?		
<input type="checkbox"/>	<b>Yes, I filed a 2024 IRS Income Tax Return.</b>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>▪ I successfully used the FA-DDX to transfer my 2024 taxes to my 2026-27 FAFSA form.</li> <li>▪ I have attached a signed copy of my complete 2024 IRS Income Tax Return Form 1040 with schedules <b>OR</b> my complete 2024 IRS Tax Return Transcript.</li> </ul>	
<input type="checkbox"/>	<b>No, I did not file a 2024 IRS Income Tax Return, and I was not required to file in 2024.</b>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>▪ Yes, I was employed in 2024 and was not required to file a 2024 IRS Income Tax Return. List the names and the amount earned from each employer in 2024.</li> </ul>	
	Name of Employer	Total Amount Earned

Section C   Spouse Income Information (IF STUDENT IS MARRIED)		
SPOUSE: DID YOU FILE A FEDERAL TAX RETURN IN 2024?		
<input type="checkbox"/>	<b>Yes, I filed a 2024 IRS Income Tax Return.</b>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>▪ I successfully used the FA-DDX to transfer my 2024 taxes to my 2026-27 FAFSA form.</li> <li>▪ I have attached a signed copy of my complete 2024 IRS Income Tax Return Form 1040 with schedules <b>OR</b> my complete 2024 IRS Tax Return Transcript.</li> </ul>	
<input type="checkbox"/>	<b>No, I did not file a 2024 IRS Income Tax Return, and I was not required to file in 2024.</b>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>▪ Yes, I was employed in 2024 and was not required to file a 2024 IRS Income Tax Return. List the names and the amount earned from each employer in 2024.</li> </ul>	
	Name of Employer	Total Amount Earned

<b>Required Signatures</b>	<i>Forms with digital/electronic signatures will be returned.</i>
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By signing this worksheet, I certify that all the information reported is complete and correct. I understand that providing false or misleading information may result in fines, imprisonment, or both.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return the completed worksheet and all applicable 2024 IRS Tax Returns or Tax Transcripts to the Office of Financial Aid. Please contact our office if you have questions or need assistance.