ARKANSAS STATE UNIVERSITY

Office of Financial Aid & Scholarships
2027-2028 Dependent Verification Worksheet

Section 1: Student Information

Student name (Last name, First name)	
A-State ID number	Cell phone number

Dependent Student

Section 2: Student's Parent Information

List your parent(s) below, whose information you were required to provide on the FAFSA, even if you do not live with them.

- If the parent listed on the FAFSA has remarried, you must include your stepparent.

	Full Name	Age	Date of Birth	Relationship to Student
Parent 1				
Parent 2				

Section 3A: Student's Parent Household Information - Siblings

Read carefully and list the following individuals.

- **Your parent(s)' other children,** if your parent(s) will provide more than half of their support from July 1, 2027 through June 30, 2028, or if the children would be required to provide parental information when applying for Federal Student Aid, even if they do not live with your parent(s). Do not include foster children.
- **Individuals in college**, list below those who will be attending college at least half-time (6 credits or more) in a degree, diploma, or certificate program between July 1, 2027 and June 30, 2028. Please list the name of the college they are attending.

Full Name	Age	Date of Birth	Relationship to Student	College Attending

Section 3B: Student's Parent Household Information - Other Individuals

- **Other individuals.** Only include those if they live with your parents and will receive more than half of their support from your parents and will continue to receive this support from July 1, 2027 through June 30, 2028. Support is defined as the basic maintenance costs for the entire 12-month period. Items considered as support include, but are not limited to food, housing, clothes, car, medical and dental care, money, etc. Please mark all types of support provided by your parents for the individual(s) listed below.

Full Name	Age	Relationship to Student	Housing	Food	Insurance
			❑	❑	❑
			❑	❑	❑
			❑	❑	❑

2027-2028 Dependent Verification Worksheet

Student Name:_____ ASU ID Number:_____

Section 4A: Student Income Information - Did you file a 2025 federal tax return?

❑ Yes, I filed a 2025 federal tax return. Skip remainder of Section 4A and go to Section 5.

❑ No, I have not filed, and I am not required to file a 2025 federal tax return.
If you had income, list employer(s) and 2025 earnings below. Submit copies of all 2025 W-2(s). If no W-2 was issued, note this below.

Student Non-Tax Filers

Please complete the table below by listing all sources of income for 2025.

Student's Name	Employer or Source of Earned Income from Work	*Gross Earnings in 2025 (See Box 1 of W2)*	W-2 or 1099 Issued?
		$	❑Yes ❑No
		$	❑Yes ❑No

Section 4B: Parent Tax Information - Did your parent(s) file a 2025 federal tax return?

❑ Yes, a 2025 federal tax return was filed. Skip remainder of Section 4B and go to Section 5.
❑ No, a tax return was not filed, and was not required to file be filed.
If there was any income, list the employer(s) and 2025 earnings below. Submit copies of all 2025 W-2(s). If no W-2 was issued, note this below.

Parent Non-Tax Filers

Please complete the table below by listing all sources of income for 2025 and submit all W2s or 1099s for each source of employment for your and your spouse (if married). ***Please provide a Verification of Non-filing Letter from the IRS for you and your spouse (if married).***

Parent's Name	Employer or Source of Earned Income from Work	*Gross Earnings in 2025 (See Box 1 of W2)*	W-2 or 1099 Issued?
		$	❑Yes ❑No
		$	❑Yes ❑No
		$	❑Yes ❑No
		$	❑ Yes ❑No

Section 5: FUTURE ACT - Direct Data Exchange

Check Yes or No	Student	Parent/Spouse
Did you give consent to transfer your income/tax information from the IRS using the Direct Data Exchange tool (DDX)?	❑ Yes, Direct Data Exchange was performed. No further action required. ❑ No. I will submit a signed copy of my 2025 federal tax return.	❑ Yes, Direct Data Exchange was performed. No further action required. ❑ No. I will submit a signed copy of my 2025 federal tax return.

By signing this Verification Statement, I (we) certify that all information reported is complete and accurate. <u>WARNING</u>: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

X_____ _____ X_____ _____

STUDENT SIGNATURE DATE PARENT SIGNATURE DATE

Please complete and return to: A-State Office of Financial Aid & Scholarships
Mail: **P.O. Box 1620 State University, AR 72467** Fax: **870-972-2794** Email: **finaid@astate.edu**