





2018-2019 Verification Worksheet--Independent

Last Name	First Name	M.I.	Phone Number (include area code)				
Date of Birth	Student ID Number						
Family Size To complete the section below: Write the names of all household members with age and relationship to you. Also write in the name of the college for any who will be attending college at least half time							
between July 1, 2	•	ırolled in a degre	ee, diploma, or certificate program. If				

Full Name	Age	Relationship	University/College Attending in 2018-2019
		Self	Maryville University—St. Louis

People in your household, include:

- You and your spouse, if you have one.
- Your children, if you will provide more than half of their support from July 1, 2018 through June 30, 2019.
- Other people if they live with your family as long as you provide more than half of their support and will continue to do so from July 1, 2018 - June 30, 2019.

Income and Tax Reporting

complet	ted for b	oth you and your spou	ocess successfully, one statement must be se *if applicable*. Please indicate with a check one statement for your spouse *if applicable*:						
Student	Spouse	Laurencefully used the IDS Data Datricyal Dragges while completing the 2019 2010 FAESA							
		I successfully used the IRS Data Retrieval Process while completing the 2018-201							
		I am Enclosing a 2016 Tax Return Transcript from the IRS.							
		I understand that copies of 1040s are no longer acceptable documentation. I was Employed in 2016 but I will not file a 2016 tax return I have completed the Non-filers Section below and attached All of my 2016 W-2 form(s) and a 2016 Non-tax filer Verification letter from the IRS. (directions included)							
	I was Not Employed in 2016. I have completed the Non-filers Section below and attached a 2016 Non- tax filer verification letter from the IRS. (directions included)								
your em	ployer(s)	Section Below: If you and any earned income	n-Tax Filers Section were not required to file a 2016 Federal Incore received in 2016(Copies of All 2016 W-2 e page. Section Must be completed if you will re	form(s) are REQUIRED).					
Name of Non-Filer (Student/Spouse)		r (Student/Spouse)	Employer ATTACH All 2016 W-2(s)	Amount Earned					
should t change(misleadi	hese doc (s) to refle ing inform	uments warrant a change oct the verifiable data to th	Ill information reported on it is complete and content to previously reported data, a University represe FAFSA on file. I understand that if we purpowe may be fined, receive a jail sentence, or both	sentative will initiate sely give false or					



Student Signature--REQUIRED

Verification Worksheets submitted without all sections completed, data reported clearly and all signatures provided will be returned to the student without verification being completed or aid being awarded.

Date

Spouse Signature

Date