

## Financial Aid Office 360 Choate Avenue Buffalo, NY 14220 716.826.1200

First Name: Last Name:	Student ID			
Instructions				
your parent(s) reported on your FAFSA. To verify that you pyour FAFSA with the information on this worksheet and with this worksheet, attach any required documents, and return	dent Aid, we may ask you to confirm the information you and provided correct information Trocaire College will compare any other required documents. You must complete and sign			
Section 1: Tax Status and Income Information  Place an X next to the statement that best represents your and your parents' or stepparents' 2022 tax filing status and complete the corresponding instructions below.				
Student	Parent			
Did you file a 2022 Federal Income Tax Return? You must check one box below and submit the requested documents.	Did you file a 2022 Federal Income Tax Return?			
☐ YES – I provided consent & approval (FA-DDX) to retrieve IRS federal tax information on the FAFSA (skip to section 3).	☐ YES – I provided consent & approval (FA-DDX) to retrieve IRS federal tax information on the FAFSA (skip to section 3).			
☐ YES – I have enclosed a <b>signed</b> copy of my 2022 Tax Return (including schedules 1, 2 or 3 if applicable) <u>or</u> my 2022 IRS Tax Transcript. If you have amended your tax return, please submit <u>both</u> the amended return as well as an IRS Tax Return Transcript.	☐ YES – I have enclosed a signed copy of my 2022 Tax Return (including schedules 1, 2 or 3 if applicable) or my 2022 IRS Tax Transcript. If you have amended your tax return, please submit both the amended return as well as an IRS Tax Return Transcript.			
□ <b>NO</b> – I did not earn any income from work in 2022.	■ NO – I did not earn any income from work in 2022. I have enclosed an IRS Verification of Non-Filing Letter.			
NO – I did not file a 2022 Federal Tax Return but I did earn wages from the employer(s) listed below. I have enclosed copies of my W-2 statements from each employer.  □ NO – I did not file a 2022 Federal Tax I did earn wages from the employer(s) list have enclosed copies of my W-2 statements from each employer and an IRS Verification of Letter.				
Employer Amount Earned	Employer Amount Earned			



Write the names of all household members in the space below.

List **ALL** individuals in your parent(s)' household, including:

**Section 2: Household Verification** 

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1. Yourself and your parent(s)	(including steppare	nt) even if you don't live with your parents; a	nd		
2. Your parents' other children, e	2. Your parents' other children, even if they don't live with your parent(s), if (a) your parents will provide more				
than half of their support from	July 1, 2024 through	June 30, 2025 and			
3. Other people who live with yo	our parent(s), and you	r parent(s) provide more than half of their su	pport and will		
		from July 1, 2024 through June 30, 2025.			
,		3			
Full Name	Age	Relationship			
		Self			
Section 3: Certification and Sign	nature - Please handw	rite your signature. Typed Signatures cannot be	accepted.		
Leartify that all information provided in	n this document is tru	e, complete and accurate to the best of my k	rnowlodgo I		
•		e, complete and accurate to the best of my k Itation will be cause for denial, reduction, wit	•		
	•	lse or misleading information on this worksh			
• •		ollege to make any change(s) necessary as	•		
updated information that I have provide		onege to make any change(s) necessary as a	a result of the		
updated information that i have provide	u <del>c</del> u.				
Student Signature (Cannot be typed)	Date	Parent Signature ( <u>Cannot be typed</u> )	Date		