# **u**\*asp*i*re

# **FAFSA Student Checklist: Information to Collect**

To fill out the Free Application for Federal Student Aid (FAFSA), students require certain information from their parent(s). The FAFSA gualifies students for federal, state, and institutional aid. Once you and your parents gather the necessary information, you will be able to fill out the FAFSA as of October 1st. Reach out to your uAspire Advisor for more information!

# PARENT(S):

- Parent FSA ID (username and password)
- □ 2021 federal tax return (Form 1040 and any Schedules) and W-2 forms
- Have there been income changes since 2021? (e.g., lost job, decreased work hours, death in family, divorce/separation, recent marriage)
- Month and year parents were married, remarried, separated, divorced or widowed: \_\_\_/\_\_\_\_\_
- or widowed: \_\_\_/\_\_\_\_

   □ Parent 1: Name \_\_\_\_\_\_

   Date of birth: \_\_\_/\_\_\_\_
- □ Total current amount in checking and savings account(s):

## *If applicable, please provide the following:*

- Amount of any child support received or paid:
- Net value of current stocks, bonds, mutual funds, 529 Plan:
- Net value of investment/rental property (including portions of the home  $\square$ you live in that are rented out):
- Untaxed privately funded disability benefits:
- Untaxed workers compensation: \_\_\_\_\_
- Veteran's non-education benefits:

# Please check if your family receives any of the following:

SSI/Medicaid TANF SNAP WIC Free/Reduced Price Lunch

#### STUDENT:

- □ 2021 federal tax return (Form 1040 and any Schedules) and W-2 forms
- Current amount in checking and savings account(s):
- □ Your last name as it appears on your social security card:
- Green card/permanent resident number (if applicable) A#
- Amount of any child support received or paid (if applicable): \_\_\_\_\_\_
- Untaxed privately funded disability benefits (if applicable): \_\_\_\_\_
- **FSA ID (username and password) for you and have parent (if applicable)** bring theirs as well or we cannot finish FAFSA

## Sample W-2

	55555	a Employee	a's social security number	OMB No. 154	5-0008				
b Employer identification number (EN)						ges, tips, other compensation	2 Federal income tax withhe		
e Employer's name, address, and ZIP code					3 So	cial security wages	4 Social security tax withhele		
					5 Me	dicare wages and tips	6 Medicar	re tax withheld	
					7 Social security tips		8 Allocated tips		
d Contro	d Control number					9 Verification code		10 Dependent care benefits	
e Employ	e Employee's first name and initial Last name Suff.					11 Nonqualified plans		12a	
					13 54	Any Referencent Third party plan sick pay	12b		
					14 Oth	a	120		
							12d		
	ee's address and ZIP o								
15 Sale	Employer's state ID n	umber	16 State wages, tips, etc.	17 State incon	he tax	18 Local wages, tips, etc.	19 Local incom	Na tax 20 Local	

# Sample Tax Return

Your first name an	person is a child but not your dependent		hecked the HOH o	QW box, enter th	e châd's name	e if the qualitying
		Last name	Your social security number			
	use's first name and middle initial	Last name	Spouse's social security number			
a joint resurt, spo	use's this harve and movie mina	Los rane				
Home address (n	umber and street). If you have a P.O. box, see	instructions.		Apt. no.		Section Campaig
City, town, or pos	t office. If you have a foreign address, also co	ompiete spaces below.	21P code	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a		
Foreign country ro	ave	Foreign province/states	county	Foreign postal code	box below will not change your tax or refund.	
to see the state	ng 2021, did vou receive, sell, exchange	an all and the all and all and	discussion in the second			
Dependents I If more than four dependents, see instructions and check here	You: Were born before January 2, 1 Inne Instructions); (6) First name Last name 1. Wages, salaries, tips, etc. Attach 2a. Tas-esempt interest.	(2) Social security number		n before January 2 p (4) V if a Child tax of	alfes for (see )	Is blind instructions) for other dependen
Sch. B If	3a Qualified dividends	Sa b Ordinary		ds	3b	
			b Taxable amount		40	
	6a Social security benefits 7 Capital cain or foss). Attach Sche	11112	6b 7			
	Other income from Schedule 1. In					
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,					
Married filing 1	Adjustments to income from Sche				10	
	11 Subtract line 10 from line 9. This is		ne		11	
	2a Standard deduction or itemized					
Head of	b Charitable contributions if you take	the standard deduction (see	instructions) 128			
\$18,800	e Add lines 12a and 12b		120			
	13 Qualified business income deduct	ion from Form 8205 or Form	8295-A		13	
	Add lines 12c and 13 Taxable income. Subtract line 14				14	

## Other Important information:

- \* You may qualify for FREE assistance for filing your taxes. Visit https://irs.treasury.gov/freetaxprep/ to find FREE tax sites that can help you and your family. It is highly recommended to E-file each year!
- ★ Please be sure that names are being reported exactly as they appear on social security cards (if applicable).
- \* If your custodial parent is remarried, your stepparent's information must be reported on the FAFSA