



## 2025-2026 Verification Worksheet (Dependent Student)

Name \_\_\_\_\_

MHC ID \_\_\_\_\_

### STUDENT TAX TRANSCRIPT & INCOME INFORMATION CALENDAR YEAR 2022

**Have you or will you file a 2023 U.S. federal income tax return?**

YES...If you were unable to use the IRS FUTURE Act Direct Data Exchange (FA-DDX) when you filed your FAFSA, please attach a **signed** copy of your 2023 Federal Tax Return or Federal Tax Return Transcript from the IRS.(To obtain a transcript: <https://www.irs.gov/individuals/get-transcript> **Note: An Account Transcript is not sufficient.**)

Continue to next step.

NO...Complete the table below and attach copies of ALL 2023 W-2 forms and continue to next step.

Source of Income (Complete only if you did NOT file taxes)	Amount Earned in 2023	Attach IRS W-2 Form(s)

### PARENT TAX TRANSCRIPT & INCOME INFORMATION CALENDAR YEAR 2023

**Have your parent(s) filed or will they file a 2023 U.S. federal income tax return?**

YES...If you were unable to use the IRS FUTURE Act Direct Data Exchange (FA-DDX) when you filed your FAFSA, please attach a signed copy of your 2023 Federal Tax Return or Federal Tax Return Transcript from the IRS.(To obtain a transcript: <https://www.irs.gov/individuals/get-transcript> **Note: An Account Transcript is not sufficient.**)

Continue to next step.

NO...Complete the table below and attach copies of ALL 2023 W-2 forms and continue to certification and authorization.

Source of Income (Complete only if you did NOT file taxes)	Amount Earned in 2023	Attach IRS W-2 Form(s)



## 2025-2026 Verification Worksheet (Dependent Student)

### STUDENT INFORMATION

Student Name \_\_\_\_\_ MHC ID Number: \_\_\_\_\_

### FAMILY SIZE

Provide information for all family members in the **custodial** household in the chart below. **Include yourself, your parent(s) including step-parent**, your parent(s) other dependent children if your parent(s) provide more than half of their support, and other people only if they now live with your parent(s) and your parent(s) will provide more than half of their support from July 1, 2025 through June 30, 2026

Full Name	Age	Family members being supported from July 1, 2025 through June 30, 2026				
		Relationship	Name of College	Year in College	Undergraduate/Graduate	Half-time/Full-time

### CERTIFICATION AND AUTHORIZATION

I declare that the information on this form is true, correct, and complete. Mount Holyoke College has my/our permission to verify the information reported by obtaining documentation as needed (the student and at least one parent must sign).

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please upload the completed form to your IDOC account or email the form to: [sfs@mtholyoke.edu](mailto:sfs@mtholyoke.edu)