

STUDENT LAST NAME:	STUDENT FIRST NAME:	AU ID#:
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Dependent Student: **2020** Income Information

INSTRUCTIONS:

The student must check the box that is applicable to their 2020 federal tax filing status. The best way to verify tax information is by using the *IRS Data Retrieval Tool (IRS DRT)* that is part of *FAFSA on the Web* at studentaid.gov/h/apply-for-aid/fafsa.

CHECK THE BOX (ES) THAT APPLIES TO YOU, THE STUDENT:

1. Did you, the student, work in 2020?
 - Yes – Continue to question 2
 - No – **STOP** DO NOT answer questions 2 or 3 – Continue to the Certification and Signatures section at the bottom of the form

2. Did you, the student, file a 2020 Federal Tax Return?
 - Yes – Continue to question 3
 - No – **STOP** DO NOT answer question 3 – Continue to the Student’s Employment Information and Certification and Signatures sections and attach your 2020 W-2

3. Did you, the student, use the Data Retrieval Tool (DRT) in *FAFSA on the Web* to transfer your 2020 tax return information into your FAFSA?
 - Yes – Continue to Certification and Signatures section
 - No – I will submit a signed copy of my 2020 Federal Income Tax Return, all 2020 W-2s, *AND* all applicable schedules along with this worksheet and continue to the Certification and Signatures portion of this worksheet

STUDENT’S EMPLOYMENT INFORMATION:

EMPLOYER’S NAME	W-2 PROVIDED	2020 AMOUNT EARNED
<i>Suzy’s Auto Body (EXAMPLE)</i>	<input checked="" type="checkbox"/> YES (ATTACHED)	<i>\$2,000.00</i>
	<input type="checkbox"/> YES (ATTACHED)	
	<input type="checkbox"/> YES (ATTACHED)	
	<input type="checkbox"/> YES (ATTACHED)	
	<input type="checkbox"/> YES (ATTACHED)	
TOTAL AMOUNT OF INCOME EARNED FROM WORK IN 2020:		\$

If more space is needed, provide a separate page that includes the student’s name and ID number at the top.

Certification and Signatures

Each person signing this worksheet certifies that all of the information on it is complete and correct. Electronic corrections to your FAFSA may be made by our office if there are any discrepancies between the information on this form and the data you filed on your FAFSA. The student and one parent must sign and date this form.

<p>WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.</p>	STUDENT SIGNATURE:	DATE:
	PARENT SIGNATURE:	DATE:

You may submit this document and any additional requested documentation to the Office of Student Financial Services in person, by fax (516-877-3380), or mail (Adelphi University, Levermore Hall Lower Level – Rm 1, 1 South Avenue, P.O. Box 701, Garden City, NY 11530).