













## **ENROLLMENT SERVICES CENTER**

414 E. Clark Street, SL 30 | Vermillion, SD 57069 (P) 605-658-6160 | 800-404-1547 (F) 605-677-6828 | escfinaid@sdbor.edu

## 2024-2025 PARENT INCOME VERIFICATION FORM

STUDENT INFORMATION			
Student Name: Student ID or Last 4 of SSN:		SSN:	
PARENT INFORMATION			
Please complete this verification form and pro	vide copies of all reque	ested paperwork to Enroll	ment Services Center.
Full Name Parent 1:	ame Parent 1: Last 4 of SSN:		
Full Name Parent 2:	Last 4 of SSN:		
PARENT 2022 INCOME			
Please choose one scenario:			
income tax return and applic  □ Parent(s) was/were not employed and □ Parent(s) was/were employed in 2022  ■ Must submit W-2 forms for ed ■ List below the names of all en	I had no income earned but was/were not requach employer or 1099- Imployers and the amou	uired to file a 2022 federa  MISC.  unt earned from each em	
Only use this table to provide income if you did not file a	FATHER/STEPFATHER		IRS W-2 ATTACHED?
EMPLOYER NAME	AMOUNT	AMOUNT	(YES/NO)
	\$	\$	
	\$	\$	
	\$	\$	
CERTIFICATION AND SIGNATURES  The person signing below certifies that the info signatures are NOT accepted.	ormation reported on t	this form is complete and	correct. Typed

WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, or both.