













## **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 STUDENT INCOME VERIFICATION FORM

| STUDENT INFORMATION   |   |   |  |
|---|---|---|--|
| Full Name:  | Student ID  | Student ID or Last 4 of SSN:                                    |  |
|   |   |   |  |
| STUDENT 2022 INCOME   |   |   |  |
| Please choose one scenario:                                 |   |   |  |
| 2022 income tax return and                                  | , either on the initial FAFSA or w<br>n with a 2022 IRS Tax Return Tra<br>d applicable schedules. | hen making a correction to the anscript or a signed copy of the |  |
| ☐ I was not employed and had no inc                         | _   |   |  |
| ☐ I was employed in 2022 but was no                         | •   | tax return.   |  |
|   | each employer or 1099-MISC.   | and from and and  |  |
| •   | employers and the amount ear  | nea from each employer.   |  |
| Only use this table to provide income if you did not file a |   | IDC M 2 ATTACHED? (VEC/NO)                                      |  |
| EMPLOYER NAME   | \$  | IRS W-2 ATTACHED? (YES/NO)                                      |  |
|   |   |   |  |
|   | \$  |   |  |
|   | \$  |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
| CERTIFICATION AND SIGNATURES                                |   |   |  |
| The student signing below certifies that th                 | e information reported on this f  | orm is complete and correct.                                    |  |
| Typed signatures are NOT accepted.                          |   |   |  |
|   |   |   |  |
| STUDENT SIGNATURE:  | DATE:   |   |  |
| WARNING: If you purposely give false or                     | r misleading information you may be fined   | d, sentenced to jail, or both.                                  |  |