CLAFLIN UNIVERSITY
Office of Student Financial Aid

400 Magnolia Street
Orangeburg, SC 29115
Telephone: (803) 535-5334

2026-2027 Verification Worksheet for Federal Student Aid Programs

Your application was selected for review in a process called "verification." In this process, federal law requires (34 CFR, Part 668) Claflin to compare the information from your FAFSA with signed copies of your 2024 Federal IRS tax transcript (and your spouse's if you are married, or parents' if you are considered dependent for federal aid purposes) or other financial aid documents. If there are differences between your application information and your financial documents, correction may need to be made. **We cannot process your financial aid until verification has been completed, so please provide the required documents as soon as possible.**

1. Collect your (and your spouse's or parents') 2024 IRS federal income tax transcript.
2. Complete all sections and sign this worksheet - you and at least one parent.
3. Contact us if you have questions about this worksheet.
4. Return via email, office visit, or fax the signed and completed worksheet, tax forms, and any other documents to Claflin University Office of Financial Aid. We will compare the information on these documents and make corrections if necessary.

What you should do:

A. Student Information

Student's Name _____ *Claflin ID Number* _____

Social Security Number (XXX-XX-____) _____ *Phone Number (include area code)* _____

B. Family Information

☐ **Independent Students:** List the people in your household: include (a) yourself and your spouse, if you have one; and (b) your children, if you will provide more than half of their support from July 1, 2026 through June 30, 2027; and (c) other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2026 through June 30, 2027.

☐ **Dependent Students:** List the people in your parents' household include: (a) yourself and your parent(s) (including step-parent) even if your don't live with your parents; and (b) your parents' other children, even if they don't live with your parents, if (1) your parents provide more than half of their support from July 1, 2026 through June 30, 2027 or (2) the children would be required to provide parental information when applying for federal student aid; and (c) other people if they now live with your parent, and your parents provide more than half of their support and will continue provide more than half of their support from July 1, 2026 through June 30, 2027.

Write the names of all household members. Also write in the name of the college for any family member excluding your parent(s) who will be attending college at least half- time between July 1, 2026 and June 30, 2027, and will be enrolled in a degree, diploma, or certificate program. If you need more space attach a separate page.

Full Name	Date of Birth	Relationship	College
		Self	Claflin

C. Tax Forms and Income Information

☐ Tax returns include the 2024 IRS Form 1040, 1040 A, 1040 EX, a tax return from Puerto Rico or a foreign income tax return. If you did not keep a copy, call the IRS at 1-800-908-9946 and follow the instructions to select a 'IRS tax return transcript'/ If you file an amended tax return, you will also need to request an 'IRS tax account transcript' Complete the employer and earning items if you will not/ are not required to file a 2024 federal tax return.

Tax Filing Status				
I (student)	☐ Have filed a 2024 federal tax return or will file by _____ (date)	☐ Will not/ am not required to file a 2024 federal tax return.	Employer _____ Employer _____	Earnings: $ _____ Earnings: $ _____
Father/Stepfather	☐ Have filed a 2024 federal tax return or will file by _____ (date)	☐ Will not/ am not required to file a 2024 federal tax return.	Employer _____ Employer _____	Earnings: $ _____ Earnings: $ _____
Mother/Stepmother	☐ Have filed a 2024 federal tax return or will file by _____ (date)	☐ Will not/ am not required to file a 2024 federal tax return.	Employer _____ Employer _____	Earnings: $ _____ Earnings: $ _____

☐ **Both tax fliers and non-tax fliers must list any untaxed income received in 2024. Be sure to enter zeroes if no funds were received. (See 2024 Additional Financial Information and 2024 Untaxed Income of the Free Application for Federal Student Aid (FAFSA). Failure to complete this section will delay the processing of your financial aid.**

Student (Spouse)	Report Entire 2024 Calendar Year Amounts	Parent(s) (Stepparent)
	2024 Additional Financial Information	
$	Education credits (Hope and Lifetime Learning tax credits) from IRS form IRS Form Schedule 3 Line 3	$
$	Child support paid because of divorce or separation or as a result of legal requirement. Don't include support for children in your household as reported in questions 72	$
$	Parents Taxable earnings from need – based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships	$
$	Parents taxable student grant and scholarship aid **reported to IRS in your adjusted gross income,** includes AmeriCorps benefits (awards, living allowances, and interest accrual payments, as well as grant and scholarships portions of fellowships and assistantships)	$
$	Earnings from work under a cooperative education program offered by a college	$
$	Combat pay or special combat pay Only enter the amount that was taxable and included in your adjusted gross income. Combat pay is reported on the W-2 in box 12, Code Q	$
	2024 Untaxed Income	
$	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings) including but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d codes D, E, F, G, H, & S	$
$	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS form Schedule 1- line 15 +19	$
$	Child Support received for all children. **Don't include** foster care or adoption payments	$
$	Tax exempt interest income from IRS Form 1040-line 2a	$
$	Untaxed portions of IRA distributions and pensions from IRS Form 1040 (Total IRA Distributions + Total Pensions and Annuities) minus (Taxable IRA Distributions + Taxable Pension/ Annuity Amount) Exclude rollover. If negative, enter "o" (zero) (4a +5a) minus (4b-5b)	$`
$	Housing, food, or other living expenses paid to the members of the military, clergy, or others (including cash payments and cash value of benefits) **Don't include** value of on-base housing or the value of basic allowance for housing	$
$	Veterans non education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work- Study allowances	$
$	Other untaxed income not reported, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, child tax credit, welfare payments, untaxed social security benefits, Workforce Investment Act educational benefits, additional child tax credit, nontaxable combat pay benefits from flexible spending arrangements (e.g. cafeteria plans) foreign income exclusion or credit for federal tax or special fuels	$
$	Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form	XXXXXXXXXX

D. Sign This Worksheet

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. If dependent at least one parent must sign. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature **Date** **Parent's Signature (Dependent Students Only)** **Date**