

Student's Signature

Date

University of South Carolina Beaufort

Financial Aid/Veterans Affairs Office 801 Carteret Street ♦ Beaufort, SC 29902

Office: 843-521-3104 **♦ Fax:** 843-521-3194 **♦** www.uscb.edu

Parent Spouse/Partner Contributor Signature (Required)

Date

Email: uscbfina@uscb.edu

2024-2025 Parent Spouse/Partner Contributor Tax Filing Status Verification

Student's Information					
Last Name	First Name	Middle Name	Student VIP	ID	
Student's Email Address Telepho			Telephone N	Number	
		Parent's Information			
reasons othe information resolve the o reasonable e	pouse/partner contributor indicated on er than low income for the 2022 tax yea and will require additional information a conflicting information. A list of sources a xplanation from the parent spouse/partr ncome* received during January 2022 th	r. Per federal regulations, the nd documentation to be provend income earned during the contributor as to why the	e university is re vided by the pare e 2022 tax year,	quired to treat this ent spouse/partner of copies of the docun	as conflicting contributor to nent(s), and a
	Source			Earned Income for 2022 tax year	
	Wages, salary, tips (W-2, box 1)			\$	
	Self-employment income			\$	
	Commissions			\$	
	Bonuses			\$	
	Long-term disability benefits (claimed b	pefore reaching minimum ret	irement age)	\$	
	Union strike benefits			\$	
	Deferred retirement compensation			\$	
	Income from a job where your employe	er did not withhold tax		\$	
	Total			\$	
	come includes all the taxable income and n." For more information, visit the IRS we explanation:		for someone else	, yourself or from a	business or
	is document, I certify that all the informa on this document, it will be cause for den				_