**OSU Student ID** 

Please Use Black or Blue Ink			("A" plus 8 digits)								
Student Name:											
informa	tion.	hould be completed by the parent of a dependent student who has Our office is required by federal regulation to verify that information this form along with the following must be submitted:									
	Copy of the IRS's approval of an extension beyond the automatic six-month extension for the 2017 tax year.										
	Copy of the IRS Form 4868, "Application for Automatic Extension of Time to File U.S. Individual Income Tax Return," you filed with the IRS for 2017.										you
	All W-2's for 2017										
	Verification of Non-filing Status Letter from the IRS. If unable to get this letter from IRS, see below.										
	I have attempted to obtain the Verification of Non-Tax Filing from the IRS and was unable to do so. Please explain how and when you attempted to obtain the information. Check all that apply.								ow and		
		Online:									
		By phone:									
		Form 4506T:									
		Other:									

Complete the appropriate information for the parent(s) who was listed on the student's 2019-2020 FAFSA. Self-employment income includes income from both business and farm income which would be reported on lines 12 and 18 of the federal 1040 form. Adjusted Gross Income should be the tax filer's best available information and should include all amounts which will make up the AGI on their actual or anticipated 1040, 1040A or 1040EZ form.

Do not leave an answer blank. If the response is zero, check the "None" box.	Amount	Income Tax Paid	None
Father/Stepfather Self-Employment Income from Business and/or Farm (if any)	\$	\$	
Mother/Stepmother Self-Employment Income from Business and/or Farm (if any)	\$	\$	
Adjusted Gross Income	\$		

\*\*\*\*\*PLEASE COMPLETE SECOND PAGE\*\*\*\*\*

Certification/Signature:								
By signing this form, I/we certify that all the info purposely give false or misleading informate					If you			
Father's/Stepfather's Signature (electronic signature)	Date							
Father's/Stepfather's Printed Name	Street Address	City	State	Zip	-			
Mother's/Stepmother's Signature (electronic	Date							
Mother's/Stepmother's Printed Name	Street Address	City	State	Zip				
Student's Signature (electronic signature not	t acceptable)	Date						

## Return to:

Office of Scholarships and Financial Aid 119 Student Union, Stillwater, OK 74078-5061

Fax: (405) 744-6438 (if you fax, please do not mail the form)

## Questions?

Email: finaid@okstate.edu Phone: (405) 744-6604 Web: financialaid.okstate.edu