



Southwestern Michigan College

2024-2025 Independent Student Income (Non-Tax Filer)

Financial Aid Office, 58900 Cherry Grove Road, Dowagiac, MI 49047
Phone: 269.783.2143 Fax 269.783.2114 Email: finaid@swmich.edu



Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Financial Aid Office within 14 days. Financial aid will not be authorized to your account until the verification process is complete and your corrected file is back from the Federal Processor. You may be asked for additional information. If you have questions about verification, call 269-783-2143 as soon as possible so that your financial aid will not be delayed.

Student's Name: _____ Student ID# N

Check the box that applies to the student:

- ☐ I (and/or my spouse if married) was not employed and had no income earned from work in 2022.
- ☐ I (and/or my spouse if married) was employed or had other sources of income in 2022 but did not file, and was not required to file a 2022 income tax return with the IRS. List below the names of all employers and/or sources of income, the amount earned from each in 2022, and attach copies of all 2022 IRS W-2 forms issued to the student (and/or spouse if married) by employers. **THIS IS REQUIRED.** If you need a replacement W2, contact your employer. List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student's name and ID# at the top

Employer's Name	2022 Amount Earned	IRS W-2 Attached?

Student's Signature

Date

The person signing this worksheet certifies that all of the information reported on it is complete and correct. Please note that submission of this form electronically should be encrypted to protect any personal or confidential information.